Clinical Lecture
ON A
CASE OF PNEUMOTHORAX.

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GENTLEMEN,—John B——, a french-polisher, aged fifty-two, admitted May 3rd, 1871, was a very healthy man until three years ago, when he had "jaundice and dropsy," for which he was treated as an out-patient at St. Mary's Hospital. His illness lasted about six months, and since that time he has suffered from more or less persistent cough, always aggravated in the winter season.

State on admission.—Pulse 120; respiration 40; temperature in axilla 101·5°. Considerable lividity of face and lips; orthopnœa; expression anxious; slight incurvation of nails, and slight clubbing of finger-ends. Sputa loose. Loud rhonchus, with sibilus and moist sounds on both sides of chest, all most intense and most abundant towards right base. Dulness over lower three-fifths of right back. Fine friction-like but indeterminate crackling sounds below right mamma, where sharp pain is felt on drawing a deep breath. Elevation and expansion of chest-walls both imperfectly accomplished. A roughness, but no definite murmur, with the systolic sound at the heart's base and along the lower margin of the precordial space.

Ordered a mixture containing acetate of ammonia, aromatic spirit of ammonia, spirit of nitrous ether, and tincture of squills; simple poultices to chest; and three ounces of brandy daily.

At 9 P.M. the pulse was 108; respiration 36; temperature 101·4°.

On the two ensuing days, May 4th and 5th, the cough was harassing; the expectoration copious, muco-purulent, shreddy, and fetid; the urine acid, depositing lithates, but free from albumen, and of specific gravity 1025. The pulse, respiration, and temperature all rose within this period, and on the evening of the 5th marked respectively 120, 52, and 102·1°.

On the 6th of May dry cupping glasses were applied between the shoulders, and a mixture ordered containing senega, carbonate of ammonia, and tincture of squills.

May 7th.—Slept little; respiration rapid and distressing. Lower region of chest on the right side dull as before; but just above the line of dulness the râles yield a marked amphoric note, and the percussion sounds at the spot partake of the same quality. At the right apex, in the erect posture, the resonance is somewhat similar. No splashing on succussion; no fine metallic tinkling; slight hæmoptysis. Mixture to be continued, and dry cupping repeated. Chloral hydrate, fifteen grains, to be administered at night.

8th.—Much relieved by cupping. Slept well. No blood in sputa this morning. Urine of specific gravity 1018, and free from albumen. Voice-sound everywhere loud, louder even on left back than on right. Breathing more or less bronchial over the greater part of both lungs. No trace of amphoric râles to-day, but around right mamma, in the recumbent posture, the percussion note is intensely resonant. Suffers from diarrhœa. Ordered four ounces of brandy and three ounces of sherry daily; compound chalk powder with tincture of catechu, in draught, when required. Repeat senega mixture.

9th.—Slept ill. Expectoration more profuse and more puriform, and slightly streaked with blood. No amphoric râles, but a cracked-pot sound near right mamma.

10th.—He became drowsy, and in the night restless and somewhat delirious.

12th.—The drowsiness increased, and the breathing grew weaker and more laborious. He now lay for the most part low in bed. Percussion note over right front of the chest unduly clear and ringing.

13th.—Died in convulsions at 11.30 A.M.

At the autopsy, which took place a few hours after death, the thorax alone was allowed to be examined. On removing the right lung the pleural sac was found to contain about two pints of a thin purulent fluid, of intense fetor. At the extremity of what appeared to resemble a small pouch or sinus, retreating from the general cavity of the pleura, a bronchial tube of rather large size opened into the interior of the sac. The sac itself was again subdivided by adhesions into two distinct, but communicating, compartments—an upper and a lower, the upper occupying the space between the lung and the ribs, and the lower intervening between the lung and the diaphragm. The right lung was considerably compressed against the spinal column; there was a general increase of its fibrous tissues, and at the apex a slight amount of consolidation, but no trace of tubercle in any part. At the base of the left lung there was a circumscribed abscess, about the size of a walnut; and above this another, about the size of a hazel-nut. Around these cavities all the tissues were dense and indurated, and throughout the lung-substance there was some fibrous degeneration, but no tubercle anywhere. The mitral valve was thickened, and there was a small fimbriated excrescence upon one of the segments of the aortic valve.

Gentlemen, there are many varieties of pneumothorax as distinguished by their varying modes of origin. Some of these appertain almost exclusively to the surgeon. They originate in penetrating chest-wounds, in abscesses connected with diseased bone, in fractured ribs lacerating the lung-substance, and the like causes; others, again, are mainly remarkable for the extreme rarity of their occurrence—indeed they are so rare that the majority of you might spend a long lifetime in the exercise of your profession without encountering a single specimen. All these I shall pass over, and confine myself to purely medical pneumothorax, as we meet with it in ordinary practice.

Pneumothorax, then, may originate in empyema of old standing. Empyema is virtually abscess of the pleural cavity, and, like any other abscess, it will seek to find an exit for its circumscribed pus in one direction or another. It may penetrate outwards through the integuments and reach the external atmospheric air, or it may proceed inwards through the visceral pleura, and come into contact with the internal pulmonary air. In either case there will be pneumothorax superadded to empyema. When the perforation takes its course from without inwards—from the pleural sac into the lung-tissue,—you may call the pneumothorax centripetal, regarding the lung as a centre, and the pleural sac as a periphery.

Another variety, by far the commonest of all, is the converse of the last. In the vast majority of instances it originates in the rupture of an intra-pulmonary abscess or vomica into the cavity of the pleura, whatever the nature of the vomica may be. As the course of the perforation here is from within outwards—from the lung as a centre to the pleural sac as a periphery,—you may call this variety centrifugal. Pneumothorax of this kind, and that which is due to centripetal perforation in old empyema, are the most important varieties that fall within the province of the physician; and to one or other of these two our own case obviously belongs. To which of the two shall we say? It is not easy to answer this question at first sight. There is a difficulty in discovering the precise outline of a vomica *within* the lung-substance at the spot where the rupture took place. Nevertheless, in spite of this difficulty, I believe the rupture to have been centrifugal—that is to say, from an intra-pulmonary vomica into the sac of the pleura. My opinion is this: Within some indefinite period before admission, a vomica of moderate size broke through the visceral pleura at once in mass by an aperture of communication as wide as itself, or ultimately formed such aperture. The walls of the vomica then in course of time became almost insensibly merged in the pleural membrane, and the interior of the vomica incorporated with the pleural cavity. The appearances at the aperture are in themselves suggestive of this view, much resembling as they do those of a small secondary pouch engrafted upon a large aneurism; and the same view is amply corroborated by the existence of vomicæ in the opposite lung. These vomicæ were probably pneumonic in origin. I cannot believe they were pyæmic. You may call them phthisical, if you please; but, in the absence of any existing trace of tubercle, you can hardly call them in any sense tubercular.

There remains yet another problem for solution. Could we be certain during life that this was a case of pneumothorax? You are aware that the physical signs of pneumothorax are singularly striking—almost unique. I will not

enumerate them here. Suffice it to say that the ringing, echoing, reverberating quality of almost every one of these physical signs, when they are widespread and well developed, as they usually are in general pneumothorax or hydro-pneumothorax, is perfectly distinctive, and its evidence unimpeachable. In our case the signs were ill developed; some of the number, indeed, were absent altogether. Moreover, they were inconstant, many of them disappearing at times. Now, under these circumstances, a question might fairly arise whether we should not ascribe the existing physical signs to the presence of a considerable cavity within the lung-substance, immediately contiguous to the chest-wall; or, if pneumothorax there needs must be, whether the pneumothorax was not limited in extent, and circumscribed by surrounding adhesions. I am of opinion there was sufficient evidence to enable us with a high degree of probability to decide in favour of general pneumotborax. When the patient reclined on his back, the whole front region of the chest on the corresponding side yielded a clear ringing percussion-tone. When he sat upright a resonance of similar quality was elicited extensively over the apex of the lung; there must therefore be underneath a large air-containing cavity, and this must almost of necessity imply general or all but general pneumothorax. As a matter of fact, there were adhesions, but these rather distorted the shape than diminished the volume of the pleural cavity.

I have just told you the physical signs of pneumothorax are singularly striking, and almost unique. So also for the most part are the symptoms of pneumothorax. They consist, in one word, of sudden and insufferable dyspnœa, with acute pain, and it may be the sensation of something having given way within the chest. Now, on reviewing the past history of this man, there is not a trace to be found of any such event. Let me offer an explanation of this apparent anomaly. As a rule, in perforation from within outwards, the first occurrence is the entry of air into the pleural sac; the second—the natural result of the first—is pleurisy with effusion, or inflammatory hydrothorax, the two together constituting the compound state known as hydro-pneumothorax. It may happen, however, in a few rare examples even of centrifugal pneumothorax, that the sequence is reversed. Pleurisy, you know, is common enough where there are vomicæ within the lungs; often dry pleurisy, sometimes pleurisy with effusion. Now suppose an abundant pleuritic effusion already existing in association with an unsound lung, there is no reason in the world why a pulmonary vomica in the immediate neighbourhood of the pleura should not break through that membrane, and introduce air into the pleural sac. Well, what then? You will not in this case have the sudden and insufferable dyspnœa which overpowers the patient in an ordinary case of pneumothorax, because the lung has already been undergoing compression from day to day, and the machinery of respiration has learnt to accommodate itself to its surroundings. Under these conditions, a little air finding its way into an already-loaded pleural sac will be a matter of comparatively trivial moment as far as increase of pressure and dyspnœa are concerned, and need not necessarily be signalised by any symptoms calculated to make an abiding impression upon the memory of the sufferer. Bear in mind, I say the entry of air is of no great moment in the case assumed, as far as increased pressure and dyspnœa are concerned. It is, however, most momentous in its consequences as they concern the characters of the effusion and the ulterior course of the disease; the effusion, simply serous or fibrinous in the beginning, when incessantly exposed to the damaging influence of air, becomes puriform, and the disease runs rapidly from bad to worse. These last remarks are made by way of parenthesis; the main point to which I invite your attention is that the invasion of pneumothorax, even in its centrifugal form, although usually, is not invariably accompanied by the striking subjective phenomena to which I have alluded.

A few additional points deserve to be commented upon. The bronchial respiration on the left back is abundantly explained by the discovery of vomicæ in the left lung, with indurations around. The alterations in the first sound of the heart—for they were nothing more, certainly not murmurs—are equally well explained by the rudimentary valvular lesions discovered after death. The next point I shall dwell upon at greater length, for it is a matter of practical importance at the bedside. It is noted that on the 12th of May the patient changed his habitual posture from the erect or semi-erect to the recumbent. Gentlemen, you are all familiar with the fact that there are various modes of dying. One man is said to die from the lungs by apnœa; another from the brain by coma; a third from the heart by syncope or asthenia. You may not be so familiar with the fact that many men die, so to speak, a compound death—by a combination of two or more of the modes of dying enumerated. For example, it is very rare indeed for the victim of old-standing chest disease to die of apnœa alone, although at first sight that might appear to be the sole, or at least the predominant, agency at work. In these cases there are almost always two elements in action—asthenia and apnœa; the two react strongly upon each other in many ways, and conspire together to take the life of the patient. You know perfectly well what is meant by orthopnœa: when the breathing is seriously embarrassed, a man sits upright in bed to save his diaphragm and his lungs. You know what is meant by syncope, faintness, and asthenia: a man lies low in bed to save his heart and to economise its power of propulsion mechanically. For a long time, in the majority of chest complaints of old standing and great severity, orthopnœa is the rule: the patient sits upright, and can endure no other posture for a permanence; at last, it may be, he begins to lie down persistently, while yet all the signs and symptoms of carbonic-acid poisoning and malaëration of the blood—with the sole exception of orthopnœa—are as prominent as ever. What does all this mean? Why this: of the two destructive agencies at work—debility and dyspnœa, or rather debility and malaëration of the blood,—debility is now in the ascendant. It means, moreover, that the blood-contamination, once so strongly resented by the respiratory organs in the form of dyspnœa, is at last, amid the universal narcotism and prostration of the system, so to speak, either unfelt or disregarded. Such a state of things, you may readily imagine, is imminently perilous to life; it is, in truth, the beginning of the end.

The only remaining point is the treatment. What was done in this way is recorded in the notes; what was left undone, to the best of my belief, would have been unjustifiable. Paracentesis of the chest would only have hastened the inevitable issue in death. We were nearly certain of our diagnosis, it is true, but we were not absolutely certain; and even if we had possessed that absolute certainty, the accompanying bronchitis and the general cachexia and collapse would alone have interdicted an operation which, however useful in simple empyema, is at all times of more questionable value in hydro-pneumothorax.

REPORT OF TWO CASES OF

EXCISION OF THE SHOULDER-JOINT, FOR DISEASE;

ONE BY THE ELLIPTICAL, THE OTHER BY A MODIFICATION OF THE SINGLE LONGITUDINAL INCISION.

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PERHAPS no cases are more satisfactory in their results, or more gratifying to the mind of the surgeon, than those occurring in the practice of conservative surgery, by which many a limb is preserved to a useful purpose, even under circumstances which would formerly have been considered to necessitate amputation. The march of surgical science has been so rapid within the last few years, and excisional surgery has become so established a rule of practice, that possibly an apology may be considered necessary for my occupying the pages of THE LANCET with a report of the following cases; but inasmuch as they are somewhat peculiar—the first, in the necessity which arose for a further operation; and the second, in the modified operation which was performed with the anticipated results—I shall trespass, but as briefly as possible, upon its valuable space.

P. B——, aged eighteen years, residing in Cerne Abbas, first came under my notice in October, 1868. She stated that for more than a year she had been unable to raise the

left arm above the shoulder. This appeared to have originated in an attack of articular rheumatism of the shoulder-joint, occurring in connexion with a highly strumous constitution. She was then a domestic servant in London. After a severe attack of inflammation, attended with much pain and swelling of the joint, an abscess formed, and pointed just at the posterior border of the insertion of the deltoid muscle into the humerus. She then became an in-patient of a London hospital, whence, after a short stay, she was sent to her home in the country, in the hope that, being young, the change of air might re-establish her health, and that an operation might not be required. About six months after this I saw her, and found her weak and emaciated, with almost complete loss of power to move the arm herself; and forced movement excited great pain. In addition to the opening above mentioned, another existed a little higher up, and both communicated with a sinus leading directly up into the posterior portion of the axilla. No diseased bone could be detected with a probe; but, from the general history and the nature of the discharge, it was strongly probable that disease of the shoulder-joint existed. No organic disease of any of the viscera could be found. Circumstances prevented my contemplating any operation just then, and the girl was not in a condition to bear it. To improve her general health, she was placed under a generous diet, cod-liver oil, and iron. She improved somewhat, but did not gain flesh noticeably. The paroxysms of pain were very severe, and, as the disease advanced, became so violent as to necessitate resort to frequent hypodermic injections of morphia, which gave immediate and constant relief.

Acting under the advice of Mr. Pollock, of St. George's Hospital (to whom I am much indebted for assistance), I determined to make an exploratory incision, and act according to the state of the parts.

On May 5th, 1869 (assisted by Messrs. Fielding, Tarzewell, Young, and McEnery), chloroform having been administered, I enlarged the openings sufficiently to admit of the finger being introduced. At first nothing particular could be discovered; but on prolonged examination a small opening could be felt between the muscles, leading down to the surgical neck of the humerus, and, with care, this was enlarged sufficiently to admit the finger, which, directed upwards, soon came upon loose bone. Any doubts were at once removed, and the ordinary elliptical incision was made, the flap dissected up, and the diseased joint fully exposed. Unfortunately the posterior circumflex artery was divided; this might have been avoided by making the flap a little shorter, but it occurred owing to a desire to carry the incisions in the direction of the sinus, and perhaps not keeping close enough to the bone. However, it was speedily secured, and but little blood was lost. The head of the humerus was found in a very carious condition, and was removed, by the aid of Butcher's saw, to an extent which probably amounted to a shortening of the bone by about an inch. A small portion of the posterior part of the glenoid cavity, which was diseased, was also gouged away. The flap was readjusted, and secured by pins and twisted suture; the wound having been first sponged with carbolic oil, in proportion of one part of carbolic acid to four of olive oil. Lint saturated with the same was then carefully applied over the whole. A pad was placed in the axilla, and the elbow supported by a bandage, which also kept the arm close to the side.—10 P.M. (five hours after operation): Has been constantly sick; evidently due to prolonged administration of chloroform. No pain. Pulse 110. Ordered thirty minims of tincture of opium, which was immediately rejected; milk and brandy.

6th.—10 A.M.: Has slept occasionally during the night. Constantly sick. Pulse 120. Spirit of chloroform, twenty minims, every third hour, with half an ounce of brandy.—10 P.M.: Sickness ceased at 5 P.M. Feels better.

7th.—10 A.M.: Comfortable. Slept during the night at intervals. Pulse 130 Feels better; no pain. Bandage changed. Small quantity of sero-sanguineous discharge. Continue brandy and milk; bark, acid, and opium, every three hours.—10 P.M.: Better; pulse 108.

8th.—10 A.M.: Favourable; pulse 112.—10 P.M.: Feels better; pulse 112. Tincture of opium, thirty minims, at bedtime.

9th.—Dressings removed; smell of decomposition; pins removed; great part of wound healed by first intention; discharge small in quantity and looking healthy. Expresses herself as feeling much better. Pulse 112.—8 P.M.: Pulse 120. To have an opiate at bedtime; and ten minims of solution of perchloride of iron three times a day. Generous diet—milk, eggs, porter, and meat.

From this date all progressed favourably until the 16th, when the patient began to feel rheumatic pains in various parts of the body, with swelling of the knees. Ordered ammonio-citrate of iron with bicarbonate of potash three times a day. Brandy instead of porter.

19th.—Rheumatism bad; skin hot and dry; pulse 120.

23rd.—Better; pulse 96; passive movement of arm without the least pain. Wound dressed with carbolic-acid lotion (one part to forty of water).

From this date she improved in health so steadily that no further notes were taken. Complete relief to pain was obtained, and she rapidly gained strength. There was very little discharge; the wound granulated and healed completely, except just at the original opening and opposite the end of the bone in front. Stimulant applications failed to induce healing, and as it was apparent that there was still some necrosed bone at the end of the shaft, a second operation, with the view of removing this, was performed on Aug. 5th. An incision was carried down to the bone in the line of the anterior portion of the original operation, by which, with some difficulty, the upper end of the bone was removed to the extent of an inch and a half. The bone cut soft, but no appearance of disease existed beyond the removed portion, which had an eroded look. It was interesting to notice that already firm ligamentous attachments existed between the scapula and the posterior portion of the new head of the humerus. Possibly it might have been sufficient to gouge away the diseased part anteriorly; yet, as the extent of the disease was not easy to discover, it was deemed advisable to remove the bone as far down as healthy structures. Very little constitutional irritation followed this operation, owing probably to the absence of joint complication, and in two or three weeks the girl was able to walk to the surgery. She recovered rapidly, without a bad symptom. The sinuses took a long time to heal, and did not completely close till fourteen months after the first operation. I ought to mention that the wound was not dressed with carbolic acid after the second operation, and that the discharge of pus was much greater than after the former one. So much for the modifying influence of carbolic acid—a fact which has been much dwelt upon by other observers.

State of the parts, July, 1870.—Length from point of acromion to tip of olecranon, two inches less than the other arm. Perfect use of the arm for underhanded work, and power to move it behind her and to bring it forwards on the chest. There is no power whatever to raise the arm, or abduct it any distance from the side. She is now robust and healthy, and the muscles of the arm and forearm are gaining in development.

In August, 1870, she resumed her situation in a coffee-house in London, and efficiently discharged her duties as before until laid by with an attack of rheumatism, for which she was admitted as in-patient to St. George's Hospital, under Dr. J. W. Ogle. I believe the case was there considered a satisfactory one, as also by the medical officers of the Bath Hospital, where she was admitted for three months for the benefit of the waters.

The complete loss of power of the deltoid consequent on the elliptical incision led me to consider that, in a suitable case, it might be quite possible to preserve at least a portion of that muscle; and, by a singular piece of good fortune, the very next case which presented itself entirely proved the correctness of my view.

On Jan. 19th, 1870, I was asked to see M. L——, aged thirty-two years, just returned from a London hospital, whither she had been sent from the country to have what was considered to be a large fatty tumour under the right pectoral muscle removed; but, on cutting through the skin, it proved to be a large chronic abscess. Pyæmia supervened upon the operation, and she was dangerously ill for some weeks. Coming thus under my notice, I had the advantage of being able to profit by the mistake made by the eminent surgeon under whose care she had been, and the case was rendered all the more simple and easy. I found the patient with a sinus leading from an opening just beneath the outer part of the right mamma, behind the pectoral muscle, into the axilla; but a long probe failed to reach diseased bone,

or to find the end of the sinus. There was also considerable redness and swelling over the back of the shoulder, which had existed some weeks, and suppuration was suspected. A careful examination elicited the history of shoulder-joint disease, commencing with a blow over the front of the shoulder; swelling, pain, and inability for three years to raise the arm. These symptoms had been attributed to rheumatism until the appearance of what was considered to be the fatty tumour. Her general health was far from satisfactory; she had a weak, quick, and irritable pulse, and there were frequent rigors, with pains in the limbs, &c. Her state entirely precluded the idea of an operation then, and a course of tonic medicine, with generous diet, was prescribed. In the course of a fortnight the swelling just alluded to culminated in an abscess, which pointed over the posterior aspect of the joint. This I opened, and let out a considerable quantity of curdy pus. I endeavoured by means of this opening to reach the joint, but could not succeed with the finger or probe, notwithstanding that I dilated the opening with tents so as to enable me to get my finger some distance beneath the deltoid. Her general health improved, but several times spots of erratic erysipelas appeared on the arm, speedily subsiding under the application of a strong tincture of iodine (half a drachm to the ounce) to the part. When sufficiently recovered, an exploratory operation was decided on, further proceedings to be determined by the condition of the parts examined.

On April 25th, 1870 (assisted by Drs. Fielding and Young, and Messrs. Williams and Woodhouse, students of King's College and Middlesex Hospitals), I determined on making an exploratory incision, and availed myself of the wound at the back of the joint to carry out my idea of endeavouring to save a portion of the deltoid. The wound was enlarged so as to enable me to introduce my finger under the muscle, which I then cut through transversely a little below its origin from the spine and acromion process of the scapula, and thus laid open the joint posteriorly. Very little hæmorrhage followed this incision. The head of the bone was completely carious, with a large sequestrum in its centre. The posterior half of the deltoid being thus divided horizontally, a perpendicular incision, carried through its whole length down to its insertion into the humerus, fully revealed the parts to be removed. The patient was very fat, and the structures cut through to reach the joint must have been fully two inches thick; so that, in spite of careful clearing of the soft parts from the head of the bone, it was found impossible to evert it sufficiently to admit of Butcher's saw being used. It was therefore sawn through with an ordinary finger saw, and removed, the parts in front of the joint being protected by the finger. This portion, with that lost by disease, represented a shortening of the humerus amounting to about two inches. The wound was dressed with carbolic oil, and the edges brought together with six pins and twisted suture. Lint soaked in the oil was applied over the whole wound; bandages applied as in the former case.—7.30 P.M.: In a good deal of pain. To have thirty minims of tincture of opium.—9.30 P.M.: Still in great pain. Tincture of opium (twenty minims) rejected by the stomach immediately.—10 30 P.M.: Tincture of opium, twenty minims. Pulse 140 through the night.

April 26th.—8 A.M.: Sickness ceased since 5 A.M.; pulse 160.—10 A.M.: Pulse 150; in great pain; tongue dry and white; abundance of lithates in urine.—2 P.M.: Pulse 140; numbness in arm, relieved by a pillow placed under the elbow. To continue the opium; beef-tea, milk, and brandy.

27th.—Slept pretty well at intervals from 6 P.M. (26th) till 5 A.M.; since then constantly sick. To have brandy and soda-water, lime-water and milk; and a grain of opium every four hours. Pulse 120; no swelling of arm, and less pain.

28th.—Sickness still continues. Chlorodyne given without effect, also bismuth and hydrocyanic acid. Great flatulence; pulse 120; urine of a dark-green colour. To have champagne.

29th.—Sickness entirely stopped, and she feels better; urine the same.

30th.—No sickness; she feels better; wound looks healthy; pulse 112.

May 1st.—Pulse 120; gradually improving; pins removed. The whole of the perpendicular portion of the incision, except the skin, healed by first intention. An opening being left at the junction of the two incisions, so as to admit of the finger being passed down to the bone, it was found to be covered with soft granulations; nothing hard or irregular to be felt. There were several erythematous spots over the right scapula and upper arm, with some œdema. Ordered to paint with iodine. Right mamma painful; discharge from old sinus the last two days; urine not so dark. To have an ounce of brandy every four hours.

2nd.—Pulse 112; improved. Ordered ammonia and bark.

3rd.—Urine has nearly regained its normal colour, plus lithates. Improving in every respect; appetite good.

From this date everything progressed rapidly to convalescence, and presented no symptoms requiring special notice. The patient's naturally robust constitution, doubtless, tended to a perhaps more than ordinary quick recovery. In exactly three months from the date of the operation the sinuses were completely healed, and the patient thoroughly recovered. Only once in the course of the case—after the first week—was there any cause for anxiety; and that occurred in consequence of the necessity which arose to open up, in a posterior direction, the sinus over the scapula—a very trifling operation, yet followed for a few days by a feverish state of system and some erysipelatous redness of the surrounding parts. I believe two or three weeks longer were required to complete the cure owing to this trivial matter than would otherwise have been the case; hence the desirability of slitting up all sinuses at the time of operation, if practicable without increased danger. The remains of pyæmic symptoms which persisted during the first two months of my attendance, and necessitated delay in the operation, completely disappeared. One peculiar circumstance was that of the presence of carbolic acid in the urine for the first week after operation. I had noticed the same thing in the case of a young child whose leg I removed some time before, and dressed the wound with carbolic oil. The mother called my attention to the peculiar colour with which the sheets &c. which came in contact with the patient's urine were stained. I was then disposed to think that the carbolic acid acted on the urine exterior to the body; but this could not have been the case with the present patient. Doubtless the carbolic acid was absorbed, and produced the peculiar appearance above noted. In a letter from Professor Lister on the subject, he says: "When I used the putty I often observed the peculiar dark urine to which you allude. And I ascertained that when it was present carbolic acid could always be shown in the urine by tests. The same thing has been observed in Leipsig and Berlin under the use of the putty. Since I have used the plaster instead of putty I have not noticed the dark urine." I do not remember to have met with it in any other cases than those alluded to; but possibly more extended observation will show it. I was particularly struck in both these cases (as indeed in many others which have occurred to me) with the remarkable results of the carbolic oil in diminishing the secretion of pus; more particularly so by comparison of the first and second operations on Case 1. Professor Lister and others have written so much on the subject of the protective power of the acid that any observations from me would be superfluous; but I am persuaded that I have seen at least one operation (amputation of the leg) under sanitary arrangements so unfavourable that nothing but imperative necessity would have justified the operation. Yet, under carbolic-acid dressing, not an unfavourable symptom appeared. Another thing I should like to mention is the freedom from pain, comparatively speaking, which I have noticed in a wound treated thus. But the main object I had in view in reporting these two cases was to show the comparative results of the two operations. It is now just two years ago that the second operation on Case 1 was performed, and thirteen months since the sinuses healed. Since that time she has been in service, and is able to perform the ordinary duties of daily life. She can carry a good-sized bucket of water, and underhanded can do anything required, but she cannot perform any of those actions for which the deltoid is absolutely necessary. I have perhaps no right to lay claim to any originality in the operation on Case 2—as Prof. Erichsen has mentioned the horizontal or transverse section of the fibres of the muscle as supplementary to the ordinary "single longitudinal incision" (p. 184, vol. ii.)—further than that this was made the primary incision in my case. Doubtless the single incision parallel with its fibres must interfere less than any other with the

structure and functions of the muscle; but this, I imagine, could only succeed with a very skilful operator, and in a very favourable case, and would be of little avail in my patient, whose soft structures over the joint were at least two inches in thickness. The result now is that the arm is as useful as ever for underhand work; she can lift as heavy a weight as before, and is now, and has been for the last ten or eleven months, managing a dairy; besides, she can raise her arm forward and upward in a manner that could only be accomplished by the action of the anterior fibres of the deltoid muscle; and with practice I fully expect much greater power to be regained. But total disuse of the muscle for more than three years must have materially tended to degeneration of its fibres, and consequent weakness and disinclination to any unusual exertion, more especially as the left arm has so long been accustomed to do the work usually performed by the right. The measurement from the point of the acromion to the olecranon, when taken about three months ago, was precisely the same in both arms. How far the absence of shortening is a benefit or will be permanent remains to be proved. It would seem that thereby the *facility* of proper joint-movement should be increased, although possibly the *power* of movement may be somewhat lessened for a time. I think time alone can settle this question. I must add that the shape of the parts is much more comely than in the other case.

Cerne Abbas, Aug. 12th, 1871.

ON

THE INITIAL PATHOLOGY OF CHOLERA WITH REFERENCE TO TREATMENT.

BY WILLIAM SEDGWICK, M.R.C.S., &c.

THE very large proportion of deaths from cholera during reaction, which has been observed as a result of the castor-oil treatment, tends to prove, as I stated in my communication to THE LANCET (Aug. 19th, 1871), that increased irritation of the gastro-intestinal mucous membrane serves to intensify the disease. This effect of "cathartics" in cholera is simply a practical illustration of what might, from the knowledge we now possess of the initial pathology of the disease, be theoretically expected to follow their use. For previously to the occurrence of the rice-water flux, there is diminution and partial arrest of the abdominal sympathetic nerve-influence, and consequent feeling of *malaise*, which is, strictly speaking, the premonitory stage of the disease. It would appear, from the late Dr. Prout's observations on the composition of the urine, that the standard of organic change is, as a rule, lowered during the prevalence of an epidemic of cholera, whilst it has been ascertained by the observations of myself and others that, at the same time, both the force and the frequency of the pulse are reduced. Special attention was directed to this important subject in the valuable Report of the Cholera Epidemic of 1865 in the Maltese Islands, by Messrs. Adams and Welch, who observed that there was in many cases a period in the disease anterior to the setting in of the intestinal flux, and they state that advantage was taken of it by Mr. Comyn, Surgeon, R.A., in order to get the affected under his control as early as possible; and that, out of forty-two cases carefully noted, this condition was found to exist clearly and unmistakably in twenty-seven. The state of the pulse, as might be expected from the relation subsisting between the sympathetic nervous system and the circulation of the blood, is a valuable guide in this premonitory stage of the disease; and M. Cl. Bernard,* in referring to it, informs us that "a Russian army physician, who had invented a new sphygmometer, and had applied it to the study of various diseases, stated some years ago that, during a severe epidemic of cholera, a peculiar slowness of the pulse existed several days before the explosion of the disease, in those who were marked out to be its victims." But, notwithstanding the improved aids to diagnosis which we now possess, it is still to be regretted that the first indications of the disease have not been more generally and more closely investigated, especially in the public service, and in large schools and other institutions to which a medical officer is attached, and who might in this way be enabled to establish a sounder system of preventive treatment.

This premonitory stage of the disease, which varies in duration from a few hours to one or two days, is, as a rule, quickly followed by increased secretion from the alimentary mucous membrane, and subsequently by a rice-water flux. Now, with reference to this rice-water flux, it is important to remember that it is not exclusively characteristic of cholera, but that it may occur also in other cases in which, as in cholera, there is a neuro-paralytic condition of the digestive canal; for it has been observed in many of those cases which have been referred to in my paper on the Analogies of Cholera, especially when irritant and corrosive poisons have been swallowed, the effect of which, as was pointed out more than a century ago by Dr. Richard Mead (vol. i., 1763, pp. 13, 14), is to "wound the nervous coat of the stomach" and to "interrupt the secretion of urine." A typical case of this kind has lately been published by Professor Virchow; and precisely the same kind of flux, both as regards its physical appearance and its chemical composition, can be experimentally produced, as Prof. Moreau has lately demonstrated, by section of the abdominal sympathetic nerves.

In consequence of the great progress which has been made of late years in experimental physiology, not only has much doubt respecting the initial pathology of a flux been removed, but it has, moreover, been satisfactorily demonstrated that when, for example, the upper portion of the alimentary canal has been deprived of its supply of nerve influence, it becomes peculiarly susceptible of local irritation, and liable to be affected by causes relatively slight, and which would otherwise fail to produce any serious disturbance. There ought to be no difficulty on this occasion in applying the knowledge derived from experimental physiology to the study of disease, and in estimating the probable facility with which, during the prevalence of an epidemic of cholera, not only "cathartics," but even food itself, if it happens to be unsound or difficult of digestion, may, especially if taken over-night, give rise to the disease. One of the first cautions which I received on proceeding to India, many years since, in medical charge of a detachment of H.M. 70th Regt., was to avoid incurring this risk; and subsequent observation has to some extent enabled me to recognise the special need of caution in this respect. It is probable that the predisposition of the alimentary mucous membrane to disease, at such a time, is less due to the influence of night than of sleep; and that Dr. Macnamara's suggestion that "this circumstance may perhaps be explained by the fact that the whole of the secretions of the alimentary tract are then alkaline," is correct. If so, it would afford an additional argument in favour of the administration of acids, and especially of the phosphoric acid; and it would increasingly justify the condemnation which has been pronounced on the "cathartic" treatment of cholera.

The progress of the disease, as nearly all the recent literature of cholera contributes to prove, is throughout opposed to any system of purgation; and a careful and scientific investigation of the stage of convalescence, especially with reference to the occurrence of temporary glycosuria, like the study of the initial pathology of the disease, will satisfy any unprejudiced observer that all the phenomena of cholera are, from first to last, opposed both to the theory and to the practice of purgation, either by means of castor oil or by any other "cathartic."

In conclusion, therefore, I would beg to express my regret at the unscientific tone which has lately characterised some of the discussion on this subject, and the injudicious zeal which has been displayed in favour of the so-called "triumphant advocate" of a theory which is now no longer tenable, and of a practice which has been very justly and very generally rejected by the medical profession both at home and abroad. The authoritative sanction of a great name necessarily fails to give support when it is unaccompanied by any conclusive facts or by any fresh evidence derived from personal observation. And I cannot but feel, in common I would fain hope with a very large majority of the readers of THE LANCET, that in the presence of so great

* Medical Times and Gazette, Feb. 4th, 1860, p. 111.

an evil as cholera undoubtedly is, all personal vaunts should for the future cease, and that the little jealousies of work-day life should be, if possible, suppressed.

Park-place, Upper Baker-street, September, 1871.

CASE OF EXTRA-UTERINE FŒTATION AND SUPERFŒTATION.

BY FRANK ARGLES, L.R.C.P.E., L.M., M.R.C.S.

ON September the 3rd, 1870, I was called to see Mrs. S——, whom I found suffering from constant nausea. I prescribed suitable remedies and succeeded to an extent in stopping it. The catamenia were irregular, coming on for one or two days, and then stopping for a week, and again returning. This went on to the end of December, when they stopped. In the month of January I informed her that she was pregnant, and was able to detect the child by abdominal examination. She seemed to progress favourably until April the 10th, when I was sent for in consequence of her stating that she felt the child was dead. On stethoscopic examination, combined with other symptoms, I found she was correct. Three days after this I was hurriedly sent for, and on my arrival the nurse showed me something that had come away, and which proved to be an ovum of about two months. This surprised me not a little, and I kept the specimen. On examining externally I could still detect the dead child, and by passing my finger into the vagina could feel nothing through the os uteri, which was but slightly dilated, and would not readily admit the finger. External to the os, on the right side, the child could be distinctly felt. The abdomen appeared to be of a natural shape, not larger on one side than on the other. On percussion there was dulness about the navel, but it was tympanitic on either side. The abdomen gradually increased in size until about the end of June, when it seemed to be very much distended. Her general health was bad; sickness and fainting, with bilious diarrhœa, in which there was no solid matter, frequently occurred. Not being clear as to the exact condition of the uterus, whether there was a fœtus or not within, I dilated the os with a sponge-tent, the string of which broke, and gave some trouble in its removal. However, it was clear the uterus was empty. As her symptoms indicated peritonitic irritation, and she was becoming worse, I asked Dr. Hicks to see the case, and he was of opinion that it was one of extra-uterine fœtation.

On Sunday, July 9th, I saw her about 11 A.M., and she appeared to be more comfortable than usual. About 3 P.M. on the same day I was sent for, and found her retching a good deal, and bringing away a greenish fluid. She complained to me of having felt an acute pain, as if something had burst. Several minor pains followed. About 7 P.M. I again saw her. She was unable to retain anything upon her stomach, and I could see she was fast sinking. Death took place at 1 A.M. I was exceedingly anxious to have a post-mortem examination, which unfortunately could not be performed until three days after death. At this I was assisted by my friend Dr. Hawkes. On opening the abdomen, the child (a boy) immediately came into view. It was lying obliquely from right to left; its head was pressed forward on the chest; the occiput was turned towards the liver; the hands were folded under the chin; the back was turned forwards, and the legs were drawn upwards. The thighs of the child pressed the womb very much downwards and backwards towards the rectum, in the shape of a shield; the bladder was small, and pushed a good deal forward; the intestines were chiefly lying high on the left side, and quite agglutinated, a cyst having formed around the fœtus. The liver was adherent to the abdominal muscles, and large flakes of hair were found closely attached to its under surface. The left ovary was entire, but very large. There was no trace of the right, although the Fallopian tube on that side was much dilated, readily admitting two fingers. This led me to believe it was a right tubo-ovarian pregnancy, the ovary and end of Fallopian tube being the original envelope. Decomposition was so much advanced that, on removing the child, the attachment of the placenta could not be found. The child was large, and appeared to be about seven months. It was very perfect in every particular, except the legs and feet, which were short and rickety. On examining the womb it was found to be rather large, and very adherent to the surrounding parts. After minutely inspecting it, we could find no opening into it except through the right Fallopian tube.

The peculiar feature of this case is the length of time that elapsed between the death of the child and that of the mother, coupled with the intra-uterine ovum.

Wanstead, August, 1871.

ON REMOVAL OF CATARACT.

WITH A TABLE OF TWENTY-FIVE CASES.

BY C. S. JEAFFRESON,

ASSISTANT-SURGEON TO THE NEWCASTLE INFIRMARY.

NEWCASTLE, being the centre of a large and populous manufacturing and mining district, affords great opportunities for the study and prosecution of ophthalmic surgery in all its branches. The death of Sir John Fife, who had deservedly attained a high reputation in this department, was much felt in the neighbourhood; and to his son, Mr. J. B. Fife, upon whom has descended the mantle of his father, I am indebted for having put many of these cases in my way.

Time and space will not admit of my entering into any discussion upon the relative merits of the different operations for cataract. I believe that for nuclear cataract the best operation, and the one attended with the fewest difficulties, is the flap operation in the upper segment of the cornea, combined, or not, as the case may require, with an iridectomy. But the individual skill each person may have attained in the performance of the operation he likes best will more than counterbalance the intrinsic value of any operation itself. The reason why I believe the flap operation is the most successful is, that, once the section of the cornea made, *very little manipulation* is required for the extraction of the cataract; consequently there is less danger of the iris being crushed and bruised, and hence inflammatory complications more rarely follow. In cataract, as in all other operative procedures, the least done to secure the desired end the better; and for this reason, in all ordinary cases, I discard scoops, wire loops, and traction instruments of all kinds.

I think a great desideratum amongst the armamentarium of the ophthalmic surgeon is a knife that will make a half-section of the cornea and lacerate the capsule at the same time, thus performing all that is necessary to liberate the lens by one gentle and steady movement. I have recently devised a knife which I think will accomplish this, and which I hope shortly to bring before the notice of the profession.

An analysis of the subjoined cases gives the following results:—Twenty-five operations for cataract have been performed upon twenty persons, and of these twenty persons seventeen have recovered vision. Of the twenty-five operations twenty-one were successful and four failures. But if we strike out the three cases (Nos. 2, 3, 20) in which operative interference was not indicated, and was undertaken only at the earnest solicitation of the patients, there will be twenty-two cases, of which twenty-one were more or less successful. Of these twenty-one cases, in eleven there was perfect restoration of vision, enabling the patient to read with a suitable glass. In nine the vision was very good, though not quite perfect. In one (No. 1) large objects were alone perceived.

This success is far beyond what is reckoned to be a fair average. Mackenzie, in his work upon the eye, mentions three-fourths as recovering useful vision; two-thirds excellent vision. To what to attribute these fortunate results I scarcely know. Many of the operations were performed under the most trying circumstances, as regards conveniences for operating, light, &c. Many of the patients lived in the worst parts of the town, under hygienic conditions which would frighten the least sceptical in these matters.

No.	Age.	Sex.	Kind of Cataract.	Nature of Operation.	Results as to Vision.	Remarks.
1	19	M.	Siliculose cataract, result of irido-choroiditis in early life; right eye.	Flap extraction, with iridectomy.	Can perceive large objects, and is able to go about the streets.	This lad had been blind for thirteen years. The iris was considerably adherent. Slight perception of light alone remained.
2	„	„	Left eye of above case; same condition.	Flap extraction, with iridectomy.	No improvement in vision.	The patient was doubtful if he could perceive light with this eye, and I only operated at his earnest solicitation.
3	13	M.	Lens much the same as above, but whiter and cretaceous-looking.	Flap extraction, with iridectomy.	No improvement in vision.	This patient was a brother of the above; he had a very slight perception of light, and entreated me to operate.
4	1½	F.	Congenital cataract.	Suction operation.	Pupil quite clear 3 months after; vision good.	This child was almost entirely blind, the cataract being very opaque. I operated upon both eyes at one sitting.
5	„	„	Left eye of above.	Ditto, ditto.	Ditto, ditto.	
6	13	M.	Well-marked congenital cataract.	Suction operation.	Almost perfect restoration of vision.	In this patient, the cataracts, though existing in infancy, had recently become rapidly thickened, preventing him following his occupation as a joiner; he has now returned to it, and finds no difficulty. A further operation will be necessary on the left eye.
7	„	„	Left eye of above.	Ditto, ditto.	Sight much improved; but when last seen, a large piece of opaque capsule still obstructed vision.	
8	35	F.	Large well-marked cortical cataract.	Flap extraction.	Good vision with central pupil.	This patient was in a most exhausted state from long-standing diabetes. I dare not risk the repeated and lengthy processes required by division. The case illustrates what I have previously stated—that two eyes under exactly the same condition in the same patient do not of necessity follow the same course after operation.
9	„	„	Left eye of above; same condition.	Ditto, ditto.	Suppuration of globe.	
10	50	F.	Nuclear cataract.	Flap extraction.	Pupil slightly displaced, but vision perfect.	A sound, healthy woman.
11	65	M.	Nuclear cataract, small and very hard.	Dr. Taylor's operation.	Vision good; can see large objects; he cannot read.	This was a most obstinate and intractable patient, who did himself much damage by constantly removing the dressings.
12	70	F.	Nuclear cataract.	Flap extraction.	Vision perfect, with central movable pupil.	Both these eyes were operated upon at the same sitting. About the fifteenth day she injured the left eye, and a prolapse was the result. I removed the piece of iris, and vision remains perfect.
13	„	„	Ditto, ditto, left eye of above.	Flap extraction.	Vision perfect, with central movable pupil.	
14	60	M.	Nuclear cataract.	Flap extraction.	Pupil displaced upwards; vision fair.	In this patient there were marked signs of degeneration, and a considerable escape of vitreous took place.
15	70	M.	Nuclear cataract.	Flap extraction.	Pupil not regular, owing to slight prolapse of iris; vision good.	This patient was attacked with severe hæmaturia on the second day, and had, besides, large ulceration of legs.
16	73	M.	Nuclear cataract.	Flap extraction.	Central movable pupil, with perfect vision.	A hale old man.
17	64	M.	Nuclear cataract.	Flap extraction.	Pupil displaced upwards; perfect vision.	A very intemperate man, with marked signs of degeneration. A slight escape of vitreous took place.
18	60	M.	Nuclear cataract.	Flap extraction.	Central movable pupil; perfect vision.	The other eye had been lost in a previous operation, owing to a large escape of vitreous humour.
19	78	M.	Nuclear cataract.	Flap extraction.	Central movable pupil; perfect vision.	This old gentleman suffered from bronchitis and œdema of legs.
20	83	M.	Nuclear cataract.	Flap extraction.	Panophthalmitis, & total loss of vision.	I operated in this case against my inclination. The patient was feeble to a degree, and almost imbecile. There was severe inflammation, which spread apparently to the meninges of the brain, accompanied with furious maniacal delirium. The patient survived.
21	56	M.	Nuclear cataract.	Flap extraction.	Pupil displaced upwards; vision good.	
22	62	M.	Nuclear cataract.	Flap extraction.	Pupil irregular; vision fair.	In this case the lens escaped in its capsule, with a considerable amount of vitreous, immediately the section of the cornea was completed.
23	56	F.	Nuclear cataract.	Flap extraction.	Pupil slightly irregular; good vision.	A healthy woman.
24	60	M.	Nuclear cataract.	Flap extraction.	Central pupil; perfect vision.	This patient made a very rapid recovery.
25	28	M.	Traumatic cataract.	Flap extraction.	No improvement.	There was a piece of capsule left adherent to the iris. Inflammation of the iris resulted, and the pupil is now completely blocked up.

In many ways, perhaps, they were however better off than had they been in the most magnificent of hospitals, for I invariably did my dressings myself, never leaving them in the hands of pupils or nurses; and this circumstance is one probably of the greatest importance.

I find it rarely necessary to adopt any preliminary treatment, and make no distinction as to time and season.

As a rule, I think it better to operate upon both eyes at once if the cataracts are mature, especially amongst the poorer classes, to whom time and expense (many coming from the country) is a great consideration; besides, I believe that delay would be prejudicial to the eye not operated upon. I always make my flap large, and, if the iris becomes prolapsed, snip a piece off without attempting to replace it. I close both eyes with small strips of plaster, dress with cold-water dressing kept in position with Liebreich bandage. On the fifth day I usually look at the lid; on the seventh at the eye.

Inflammatory complications followed in only two cases: in one the eye being destroyed by it; in the other the pupil becoming blocked with lymph.

Newcastle-on-Tyne, August, 1871.

CASES OF POISONING BY WATER HEMLOCK AND LABURNUM.

By HENRY WILLSON, M.R.C.S.

POISONING BY WATER HEMLOCK OR COWBANE (CICUTA VIROSA.)

J. E——, forty-eight, a farm-labourer, dined on January 8th off boiled meat and parsneps. The frost being very severe, he had extracted the roots from the ground with a pickaxe, and amongst them was one which he at first thought was horseradish, but finding it had a sweetish taste it was cooked with the rest of the roots and he ate the whole of it. He described it as being four or five inches in length, and little larger in circumference than his thumb, the end being broken off by the pick, and no top being discernible at that time of year. I was shown two small pieces of rootlet, or branches from the root; their taste was a peculiar sweet, somewhat resembling that of liquorice; they were the exact colour of parsnep.

He dined at 12.30 P.M. At 1 P.M. he proceeded to his work in an adjoining field. He had no sooner commenced than he felt giddiness and great dryness of the throat; he then suspected that the root had poisoned him, and started to walk home. He accomplished the distance (about a quarter of a mile) with great difficulty, his legs being very unsteady in their movements, and all surrounding objects appearing to him as if they were alternately advancing and receding. He sat down in a chair, where I found him at 2 P.M; the lower extremities were numbed, not insensitive, but completely paralysed. His arms felt numbed and their movements were weak; he had an anxious expression and flushed complexion, and declared that he should die. Skin warm and dry; pulse 90. I sent him an emetic of ten grains of sulphate of copper, which acted instantaneously; the vomit was not saved. At 4 P.M. he was able to stand, and with difficulty walked across the room. Between this time and 6 P.M. he passed large quantities of urine, and had hallucinations, at times feeling very cold. I again visited him at 8 P.M. in bed: extremities cold; pupils dilated; pulse 90; skin and throat feeling very dry; no action of the bowels; delirious at times during the night. He was ordered tea and gruel for diet, and a castor-oil draught the next morning. In two days he was as well as usual.

I am aware that the symptoms this case presented do not exactly correspond with those ascribed by books to poisoning by water hemlock, but I am confirmed in my diagnosis by having recently obtained from the spot specimens of the root and top, which exactly correspond with all descriptions of the plant I can find, and the patient identifies the recently dug roots with the one which poisoned him.

POISONING BY LABURNUM (CYTISUS LABURNUM).

At 11 P.M. on August 4th, 1871, I was called to H. S——, four years old. His father stated that he was suffering severely from having eaten laburnum seeds. About three hours previously he was playing with a little girl, who stated that he had eaten about ten of the seeds, but she was not very clear as to the exact number. About half an hour after having eaten the seeds he began to vomit, at first ejecting the food in his stomach, afterwards thick mucus, which continued occasionally till my arrival. About 10 P.M. he became very drowsy, and was seized with convulsions; his mother stated that every few minutes he shook violently, and drew up his limbs. About 11 P.M. the convulsions had quite ceased, and the bowels acted naturally. He was very drowsy, but easily roused; only, however, to doze again. Both pupils were largely dilated; pulse small, 85; surface, especially that of the extremities, cold. I gave him a clyster of warm milk (the only thing at hand), and, as the retching continued, warm milk-and-water to vomit upon, which gave him relief. As the more urgent symptoms soon passed off, I did not consider it necessary to use any more powerful remedies. I left him at midnight in a calm sleep, and the next day he was well.

Wendover, June, 1871.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. MARY'S HOSPITAL.

ACUTE PERIOSTITIS OF THE FEMUR; AMPUTATION.

(Under the care of Mr. HAYNES WALTON.)

THE following is a good instance of the immediate advantage which frequently follows the removal of a source of profuse suppuration, although it involve an operation of considerable magnitude. Mr. Walton thought that the patient's interests would be better served by amputating comparatively low, notwithstanding that his incisions were carried through suppurating tissues; and he was justified in this step by the stump ultimately becoming as firm and healthy as if it had consisted, from the first, of perfectly healthy tissues. The slight exfoliation of bone was due to the softened medullary membrane having been to a small extent detached by the saw. Mr. Walton attaches much importance to the application of a splint to the stump in these cases.

A. C——, a tall, thin, pale lad of sixteen, was admitted with great swelling of nearly the whole extent of the right thigh, especially of the lower third. The skin was tense and somewhat reddened, and pitted on pressure. The slightest touch gave exquisite pain. The pulse was 115; the tongue furred; and the bowels confined.

He stated that a fortnight previously his thigh had become painful after his return from work as a gasfitter, but he could assign no cause for this condition. On the following day he found himself unable to bend the limb. About four days later the thigh began to swell, and from that time it gradually increased in size. He suffered violent throbbing pains, and could get no rest at night.

Ten leeches were applied to the inner aspect of the thigh a little above the knee. These were followed by poultices, and the patient was ordered a perchloride of iron mixture, a nutritious diet, and four ounces of brandy daily. These measures were followed by a great abatement in the pain, and improvement in his general condition. In about a week's time, however, fluctuation having been detected at the inner aspect of the thigh, a free opening was made, and about seven ounces of pus were evacuated. At the bottom of the abscess cavity the femur was found to be entirely denuded of periosteum, and roughened at a spot about two inches above the condyle. The liberation of the pus brought great relief, but a considerable discharge was maintained, and in a few days the patient began to lose strength and to

become hectic to an extent that endangered his life. The limb was therefore amputated at the upper part of the middle third. Some abscesses were cut through, and the flaps consisted, to all appearance, of softened and almost disintegrated tissue. The stump was dressed with dry lint, and a splint was applied.

The whole of the structures of the severed portion of the thigh were found to be bathed in pus; the periosteum was stripped from the bone, which was softened, and contained pus in the medullary cavity; the medullary membrane was destroyed; the knee-joint also contained pus.

On the following day it was found that he had had a little sleep; he had had no pain, and had not been sick. He was ordered a liberal diet, with brandy and port wine, and tonic medicines. The stump was dressed for the first time on the third day. There was a good deal of discharge, and instructions were given for poultices to be frequently renewed. The recovery was steady and uninterrupted. About five weeks after the operation a small sequestrum came away, the greater portion of the wound had healed, and in about a week more it had completely cicatrised.

SEAMEN'S HOSPITAL, GREENWICH.

SEVEN CASES OF SCURVY.

(Under the care of Dr. STEPHEN H. WARD.)

THE following notes have been communicated by Dr. G. R. Daphtary, the house-physician.

Through the universal adoption of effectual preventive measures, scurvy is now of so rare occurrence that it needs no apology for reporting a few cases of the disease lately admitted into the wards of the Seamen's Hospital. They do not illustrate any new features of the pathology, symptoms, and treatment of the malady, but have the advantage of indicating the prominent symptoms of a disease which rarely comes under the observation of practitioners in this country.

On the 24th of August last the cases, seven in number, were admitted from a Russian vessel. Taken as a whole, they serve to illustrate almost all the symptoms of the disease, though these are not all marked in each individual case separately. For instance, the dark-purple and greenish-yellow patches of ecchymosis are quite characteristic on the legs of one patient, with matting of the muscles and wooden induration of the calves. This is the most usual seat of discoloration. But there are two other patients, in one of whom there is ecchymosis on the right arm, and in the other, who is a carpenter, induration with faded discoloration in the same situation, proving that parts exposed to mechanical violence are more liable to be the seat of sanguineous extravasation. In two other cases the characteristic condition of the gums is well developed. They are swollen and spongy; the mucous membrane over the posterior surface of the alveoli is livid and ulcerated; the throat and fauces present points of redness; and the teeth are of a dirty, earthy hue. In the remaining cases these symptoms are present in a much less marked degree. In all, the dry harsh skin, with its scaling epithelium, and dirty, ashy hue; the dull, pensive, and depressed expression of countenance; and a feeling of languor, lassitude, and debility, are distinctly marked, as are also the feeble action of the heart, and a small, slow, compressible pulse.

The history as well as the progress of these cases give a definite clue to the etiology of the disease, and to the proper line of treatment. The voyage occupied nearly ten months, during which period the diet of the men was as follows:—Breakfast: coffee and bread. Dinner: Salt meat, pea-soup, and bread. Supper: tea and bread. Drink: water, with a little vinegar at one short period of the voyage. Neither potatoes nor lime-juice were served either during the voyage or while the ship was in port, the result of this regimen being that one-half the crew were laid up with scurvy at the end of the outward passage, and the remaining half at the conclusion of the homeward passage.

It is plain, from this history, that the want of antiscorbutic vegetables and drinks gave rise to the deteriorated condition of the blood. That potatoes have no greater value than other vegetables as preventive or curative agents is also evident from the history of the mild cases, which improved with striking rapidity under a fresh vegetable diet, without potatoes, given during the four days that the vessel was in the harbour at Portsmouth, previous to their admission to the hospital.

PROVINCIAL HOSPITAL REPORTS.

BRADFORD INFIRMARY.

SHIFTING AND RECURRING PARTIAL HEMIPLEGIA IN A PATIENT SUFFERING FROM BRIGHT'S DISEASE.

(Under the care of Dr. NICOL.)

THE following remarkable symptoms are supposed by Dr. Nicol, and by his colleague Dr. Bourne, to have been due to a shifting œdema about the pons Varolii. We hope to report the patient's further progress.

J. W——, aged thirty, suffering from Bright's disease, was admitted with extensive anasarca. His urine yielded more than half its bulk of albumen. After a course of hot-air baths, purgatives, and ferruginous tonics, the anasarca almost entirely disappeared, and the patient was enabled to get about. While in this condition, fifteen days after admission, he had, at midnight, an epileptiform seizure, which terminated in left facial and arm paralysis. He could not speak, but seemed to understand what was said to him. Mustard poultices were applied to the calves, and a catheter had to be passed.

On the following morning he was recovering slowly, and appeared to recollect all that had happened during the night. He spoke with difficulty. He was observed to be unable to close his eyes by a voluntary effort, although the usual winking took place. There were symptoms of lung congestion, for which poultices were applied. In the right axilla the temperature was 97·5°; in the left, 97°. In the evening the patient's general condition had much improved. On the right side the temperature was 97·4°; on the left, 99°. At ten o'clock in the evening another seizure occurred. This time the face was paralysed on the right side; the eyes were drawn to the left; the power of speech was lost, he seemed unconscious, and yawned frequently. He passed urine in the usual quantity.

By ten o'clock on the following morning he was better, and pronounced simple words with difficulty. The face was not drawn, but the eyes were closed only with an effort. A grain of elaterium with four grains of calomel were placed on the tongue, and an enema of turpentine and castor oil was injected into the bowel. At ten in the evening a copious stool was passed, and in a quarter of an hour more the power of speech returned. It was found that though in the morning he had been unable to swallow, and could not protrude the tongue beyond the teeth, he had taken his dinner well. The bowels were still further freely opened.

The next day, the fourth after the first seizure, urine was passed in usual quantities, and he seemed to be quite well. He was ordered five grains of tannin three times a day, with milk and sherry. He remembered those who had been present during his last attack (several persons being present), and affirmed that he had been conscious of all that passed.

A third seizure followed at half-past one o'clock in the afternoon, after he had partaken fairly of dinner, and ended in right facial and arm paralysis, and partial loss of speech. Extensive dry cupping was practised for an hour; then an enema similar to the last was injected; a copious stool followed in rather more than an hour. The paralytic symptoms rapidly disappeared, and on the same day he was able to sit up in a chair.

On the following (fifth) day he was sitting up dressed; he spoke well, but the right arm was weak. He was ordered four ounces of sherry daily, and continued to take the tannin.

On the sixth day the urine was found to be acid, of a specific gravity of 1010, and to contain pus-corpuscles to faint milkiness. It yielded rather less than one-half its bulk of albumen. Three days later the patient continued well, and the right arm was steadily gaining power.

A RECORD OF CASES OF CANCER OF THE BREAST, WITH SPECIAL REFERENCE TO THE RETURN OF THE DISEASE AFTER OPERATION.

The following ten cases of malignant disease of the female mamma (for the particulars of which we are indebted to Dr. Andrea Rabagliati) have been operated upon at this infirmary within about twelve months, and it has been, fortunately, possible to obtain reliable information of the further progress in each instance.

1. S. W——, aged sixty-eight, married; had true scirrhus, not involving the whole breast or the axillary glands. The entire mamma was removed on May 27th, 1870. The patient died on June 3rd. There were no rigors, but the wound had a dry appearance from the first.

2. A. R——, aged forty, married. Had true scirrhus, involving the whole breast. The mamma was entirely removed on June 10th, 1870. The patient made a good recovery, and was discharged cured on July 7th, 1870. On Nov. 4th following, the disease had returned in the form of hard nodules in the cicatrix and of a number of hard and enlarged axillary glands. A second operation was performed on that day, and a very large portion of skin removed, together with a number of the affected glands. All of these could not be removed on account of their dangerous proximity to the axillary artery. At the present time the disease has returned, and the patient is dying of it.

3. C. A——, aged sixty-one, married at the age of fifty-four. Had been a nurse in this infirmary many years. The whole breast was affected with scirrhus. The skin covering it was brawny, and evidently infiltrated with cancerous material. The whole breast and a large portion of skin having been removed, the patient made a good recovery, getting up a week after the operation. After her discharge, the disease returned in the cicatrix; and, the other breast becoming involved, she sank in a few months.

4. A. H——, aged fifty, married. Had true scirrhus, involving the whole mamma, but not the axillary glands. The whole breast was removed on the 30th October. She made a good recovery, and was discharged on the 24th of the following November. She died on the 9th May, 1871, six months after the operation, of hepatic cancer, according to the opinion of her medical attendant.

5. G. G——, aged forty-nine, married. Had true scirrhus without glandular complication. The operation for removal of the whole mamma was performed Nov. 4th, 1870. No chloroform was administered, as the patient had a mitral murmur. The wound was quite healed on Nov. 19th, and up to the present date there has been no return of the disease.

6. E. B——, aged forty-three, married. Suffered from scirrhus involving the whole breast and several of the axillary glands. As many as possible of these were removed with the mamma on Nov. 4th, 1870. After the operation great suppuration took place, and extended all down the side as far as the iliac crest. The pus was thin and ichorous. After evacuation of the matter, the patient made a good recovery, and was discharged, well, on Dec. 9th. She was seen last on July 13th, 1871, when her condition was as follows: there was a cauliflower excrescence in the centre of the old cicatrix, and a large number of hard and enlarged glands were felt in the axilla.

7. A. S——, aged fifty-one, married. Had true scirrhus of the mamma without glandular complication. The whole breast was removed on Nov. 11th, 1870. The patient died from the operation on the 1st of the following month. She suffered from very slight rigors; but, though the wound had throughout a dry pyæmic appearance, there were no secondary pus deposits found on post-mortem examination. There were, however, signs of recent pneumonia and pleurisy.

8. J. C——, aged forty-seven, married. Had true scirrhus without infiltration of the axillary glands. The whole breast was removed on Nov. 18th, 1870. The patient made a good recovery. On June 22nd the cicatrix was adherent to the ribs; the surrounding skin was hard, and one gland was hard and enlarged. The patient complained of pain down the arm, and of a feeling of tension in the axilla and breast. Since then she was seen at home by the visiting surgeon of the infirmary, and on July 27th she died of cancer of the lung.

9. M. H——, aged fifty-four, married. Suffered from true scirrhus without glandular affection. The whole mamma was removed on Feb. 24th, 1871. She was discharged, well, on April 14th. On July 9th there was no return of the disease anywhere, though the patient complained of a little stiffness in the arm.

10. A. P——, aged sixty-one, married. Had scirrhus without glandular involvement. The whole breast was removed on April 3rd. Up to the present date there has been no return of the disease.

Thus, out of ten patients, on whom eleven operations were made for cancer of the breast, two died of the operation; three have died since, one of return of the disease locally, and two from constitutional return (of these one in the liver, and one in the lung); in two more the disease has recurred locally; and in three there has been no recurrence of the disease up to the present time. In the cases of the last three patients, the longest interval between the date of operation and the present time is nine months; in another the interval is five months; and in the last the interval is three months. The disease has recurred in *every one* of the cases in which the axillary glands were involved at the time of the operation.

Dr. Rabagliati observes that it is not easy to understand how the above results are to be reconciled with the local theory of origin of the disease, which Mr. Campbell De Morgan advocates. Although some fair objections are urged by that writer against the other, or constitutional, theory of origin, chiefly as to the difficulty of understanding how the blood of patients suffering from cancer can eliminate locally the *materies morbi* it contains, he thinks it must be admitted that the weight of evidence is against that view. It is in particular difficult, if not impossible, he says, to reconcile with it the recurrence of the disease, either (1) locally, or, still more so (2), constitutionally or internally, as occurred in Case 4 of this series, in which it is specially to be observed there was no glandular involvement at the time of operation, and no evidence, therefore, of affection of the constitution at that time. Yet the *materies morbi* must have been in the blood; or, if this be objected to, at any rate the blood must have been affected, and the constitution must have had quite ineradicable tendencies to the disease. When to these arguments is added the consideration that cancer can frequently be shown to be a disease transmitted hereditarily, the difficulties of maintaining the local theory of its origin are, Dr. Rabagliati adds, immensely, if not quite insuperably, increased.

Reviews and Notices of Books.

Selected Obstetrical and Gynæcological Works of Sir James Y. Simpson, Bart., M.D., D.C.L., late Professor of Midwifery in the University of Edinburgh; containing the substance of his Lectures on Midwifery. Edited by J. WATT BLACK, M.A., M.D.; Member of the Royal College of Physicians, London; Physician-Accoucheur to Charing-cross Hospital, and Lecturer on Midwifery and Diseases of Women and Children in the Hospital School of Medicine. Edinburgh: Adam and Charles Black. 1871.

THE profession will have been gratified with the various announcements that have been made of the intention of the representatives of the late Sir James Simpson to publish the principal of his obstetrical and gynæcological works. In the volume before us we have the first instalment of the fulfilment of that intention. It contains all the more important of Sir James's contributions to the study of obstetrics and diseases of women, with the exception of his clinical lectures on the latter subject; these will be published separately in another volume.

A very interesting and useful feature of the book before us is the outline it contains of the author's lectures on Midwifery, published for the first time. This is a compendium of the art of midwifery valuable to all students and practitioners, and it will be especially welcome to the pupils of Simpson, scattered over the world as they are. Simpson was a discursive writer and thinker. In this form of notes he is tied down to state his thoughts in the briefest way.

And his clear thinking and good English made a compendium easy to him, as it is very convenient to the student. With the help of this outline Edinburgh men will live over again the lively course on obstetrics which brightened the gloomy days of the Edinburgh winter, and will almost think they see the big head and face of the great obstetrician, as they used to see him, beaming with satisfaction or twinkling with genial humour as he told a good story or related a happy case illustrative of his own bold and original practice.

It is not our intention to criticise in detail the obstetric principles and doctrines enunciated in this volume. And this for two reasons, among others. First, the papers which make up the volume have been for a long time before the profession in one form or another, though never in so complete a form as now. Secondly, the proper criticism of an author so discursive, so bold, so original and almost adventurous as Simpson is not to be accomplished in an article like the present. His propositions are still under the criticism proper to them—namely, the clinical test of obstetric practice. We are quite prepared to believe that many of Simpson's doctrines will have to be greatly modified, and some of them rejected. He was adventurous in making theories, as well as in practice. He had a great pleasure in theorising, and he had but slight leisure to submit his theories to crucial tests. Some even of his favourite doctrines are still open to the gravest criticism. Such, for example, as his teaching concerning certain cases of placenta prævia, and the whole anatomical and physiological basis upon which it was constructed. It is, by the way, somewhat unsatisfactory that we should not have in this volume any account of the views of Sir James Simpson on placenta prævia later than 1855, or any information as to the effect on his own mind of the objections to his practice of removing the placenta.

But whatever the fate of the individual doctrines advanced by Sir James Simpson, the publication in a complete form of all his more important papers was clearly called for. He gave a new life to obstetric art and science. We are all profiting in daily practice by his teaching, his suggestions, and his instruments. Not a few of these suggestions have been accepted as principles of sound practice.

The volume which we are now noticing, and the one which is to follow, are under the able editorship of Dr. Black. They should find a place in the library of every obstetric practitioner. The present volume contains, for example, the outline of Sir James's lectures, all his papers on Placenta Prævia, on Turning as an alternative for Craniotomy, on the Puerperal State (including articles on arterial obstruction and inflammation), on Diagnosis by the Uterine Sound, as well as various articles on Diseases of Women and Displacements of the Uterus, Diseases of the Fœtus, &c. The "propositions" of Sir James may be modified by time and new experience, but time is not likely to diminish the value and interest of the papers before us. It is not only that they contain Sir James Simpson's midwifery, but so much of the best midwifery of former times imported in the living words of the old authors, in whose pages, doubtless, Sir James found hints to suggest much of his new practice.

OUR LIBRARY TABLE.

On Bone-setting (so called), and its Relation to the Treatment of Joints crippled by Injury, Rheumatism, Inflammation, &c. By WHARTON P. HOOD, M.D., M.R.C.S. pp. 156. London: Macmillan & Co. 1871.—Dr. Wharton Hood's papers on "bone-setting," which attracted considerable attention when published in THE LANCET early in the year, are here reprinted with some additions. The subject is, as we pointed out in an annotation at the time, one of considerable importance to the profession, many of whom suffer occasionally both in reputation and pocket from want of the knowledge which this little book will give them. Dr. Hood accidentally enjoyed unusual opportunities of being intimately acquainted with the practice of a leading "bone-setter," and is to be thanked for having brought the subject so ably and clearly before his professional brethren.

A Treatise on Physiology and Hygiene for Educational Institutions and General Readers. By JOSEPH C. HUTCHISON, M.D., President of the New York Pathological Society, &c. New York: Clark and Maynard. 1871.—This book is written in a clear, concise style, and is capitally illustrated. The matter appears to be well selected and arranged, and is put forward in familiar language without unnecessary technicalities.

Deschanel's Natural Philosophy. Part II.: Heat. Translated and edited, with extensive Additions, by J. D. EVERETT, M.A., D.C.L., F.R.S.E., Professor of Natural Philosophy in Queen's College, Belfast. Blackie & Son, London, Glasgow, and Edinburgh. 1871.—We spoke of the first part (for the work is to appear in four parts) in terms of warm commendation. The book is a good one to read, which is not always the case with such productions; but we think the editor has somewhat erred in importing so great a number of equations into it. However, he has taken great pains with his translation, with the view of improving it, and bringing the information abreast of the present knowledge of the subjects treated of. The chapter on thermodynamics is almost entirely the work of the editor, and throughout the volume there are additions and modifications. We must not omit to state that it is admirably and profusely illustrated. We have no doubt that the work, on account of its good clear style, and the excellence of its illustrations, will prove a favourite one with teachers and students.

Analytical Tables for Students of Practical Chemistry. By J. CAMPBELL BROWN, D.Sc. (Lond.), F.C.S. pp. 23. London: Churchill. 1871.—This clever and useful little book is the work of an experienced teacher of chemistry and toxicology, and seems excellently well adapted to the use of students who are working up their chemistry in the laboratory. It is clear and simple in arrangement, and seems to omit nothing of any importance. We should say that those who are inclined to dread entering upon the study of analytical chemistry, from an idea of its complexity, would be pleasantly encouraged by a glance at these tables, which will show them what a large amount of practical knowledge is to be obtained in a comparatively simple manner, when once the subject is methodically arranged.

History of England. By Lord MACAULAY. Students' Edition. 2 Vols. Longmans.—This is the compactest and cheapest edition of Macaulay's history yet offered to the public. It is printed in close but beautifully clear type; and is furnished with an excellent index. The elegant memoir of the author read by the late Dean Milman before the Royal Society is prefixed.

Solutions Sociales. Par M. GODIN, Chef d'Industrie.—M. Godin has written this book for the purpose of showing that working men do not know how to live. He proves that they must have better habitations and a higher education, and be paid rather according to their intelligence and the value of their labour than by wages as mere mechanics. M. Godin is no theorist; he has erected dwellings for his workmen, schools for the young, and a theatre for the old; and now, after many years of success, he urges other employers of labour to follow his example. It is a matter of no small moment to note that the health of M. Godin's workpeople is excellent, and that there is no pauperism amongst them.

OUR NEW AMBULANCE WAGGON.

THE new pattern ambulance waggon, for the provision of which a War Office Committee has so long been engaged, is now completed, and is to be forwarded for trial to Aldershot. We understand that orders have been given for the construction of 100 waggons of the same design. We have had an opportunity of inspecting the newly completed waggon, and are therefore in a position to form some judgment of its merits. While the committee, of which Mr. Lawson, Inspector-General of Hospitals, was president, and Professor Longmore a member, had to consider and indicate the requirements for a vehicle of this kind, it is but right to say that it devolved upon Major Close, Royal Artillery, of the carriage department at the Royal Arsenal, Woolwich, to give effect to their wishes, and to make the necessary designs and adaptations so as to reconstruct the old pattern ambulance waggon and fit it for the requirements of modern warfare. We think we may now fairly congratulate the medical officers and our army on the possession of a very admirable waggon and we would invite the attention of parochial and hospital authorities to it as a pattern which might easily, with some modifications, be adapted for general use in the transport of sick and injured persons to infirmaries. The old ambulance waggon, which foreigners, we believe, somewhat unjustly nicknamed a Noah's Ark, has undergone a great transformation in the new one. The primary requirement in the transport of wounded men is, that they should be conveyed with all practicable safety and ease from the scene of action to the hospitals in rear. The secondary requirement is, that the vehicle should be adapted for the purposes of an insular power like England—such as due strength with lightness of draught, a capability of being easily taken to pieces and put together again, and a fitness for service in different climates and conditions of weather. The waggon is a four-wheeled one, weighs 17 cwt., is drawn by two horses with a pole, and will carry seven patients, two of whom are supposed to be recumbent, besides the driver. It is heavy enough to sustain all that can be required of it, but happily not strong enough to adapt it for general service purposes in the conveyance of stores. The locking arrangement is good, allowing the waggon to be turned in a small circle, and an easily worked brake has been adjusted to the two fore wheels. A hinged wooden framework forms the roof, supported by upright standards of tubular galvanised iron. This is covered with canvas, and the roof has been rendered waterproof by the use of an india-rubber composition for uniting together the double layer of canvas of which this part consists. The hood is movable, and can be thrown back, and the canvas walls can be looped up to any extent for the purposes of ventilation. There are boxes for medical comforts, and adjustments for locking them to the waggon, with a water-cistern holding ten gallons, and a box for forage, fitted to the bottom of the vehicle. The cistern is filled and emptied from below by means of india-rubber tubing with stop-cocks. A funnel-shaped mouthpiece, adjusted to the tube, renders the process of filling easily accomplished. The floor of the waggon is divided longitudinally down its centre for the two recumbent patients, and is furnished with tramways and springed stretcher supports, by means of which, when the back-board is removed, the stretcher that bears a wounded man from the field can be placed upon the waggon and very readily, as well as smoothly, pushed into the position it has to occupy. A tray, at the back of the driver's seat and above the recumbent patients, is provided for the stowage of the knapsacks, &c. The springed stretcher supports in the waggon have minimised to the utmost any jolting and movement to which a wounded man might be subjected in travelling. Every bolt and other arrangement likely to be lost or mislaid has been adjusted so that it cannot be entirely separated from the waggon. Besides this wheeled vehicle there is another ingenious contrivance for wheeling a wounded man on a stretcher off the field, similar to the stretcher support at Netley, and those used by the Germans. This takes to pieces and packs in a canvas bag. It is easily put together, and the wheels are fixed to the axles by a new and simple method. A man placed on a stretcher and then put upon the springs of this wheeled support can be easily pushed along by an attendant. By means of two small contrivances one of the spokes of the wheels on the two sides can be caught and fixed, and the legs of the support being set free behind fall to the ground, enabling the attendant to leave the man with safety if requisite, or to rest for any time. These inventions are certainly pretty and ingenious, but we question whether they will be of much use in the field, although they will doubtless form an excellent and very easy method of removing a disabled man from a ship at a landing place, or of conveying him along an even road. We only pretend to have touched upon several points that struck us as good, but the ambulance waggon and other arrangements must be seen and tried to be fully appreciated. Although the various details and appliances are simple enough in themselves, there is one point on which we cannot too strongly insist—viz., that if these methods of transport for wounded men are to be properly used the attendants and others in charge of them must be made thoroughly and practically acquainted with their details. Everything seems to us to depend upon the hospital corps being trained and drilled in the use of them.

BUXTON WATER.

THAT the Buxton tepid water acts in virtue of the nitrogen gas contained in it has been set forth in books, and is still, as we have recently ascertained, an article of medical faith in Buxton. The dogma dates from the year 1852, when Dr. Playfair made a very elaborate and careful analysis of the water in question, and announced that the water, as it issued from fissures in the limestone, was accompanied by a considerable volume of nitrogen gas—one gallon of water by 206 cubic inches of that gas. According to this analysis one gallon of the water contained 20·579 grs. of solid matter, consisting principally of carbonates of lime and magnesia, and chlorides of sodium and potassium. A small quantity of sulphate of lime, a little silica, a trace of alumina and oxide of iron, and traces of fluorine and phosphoric acid, make up the list of substances constituting the solid matter. Dr. Playfair spared no pains to avoid overlooking anything of importance, and actually evaporated down 100 gallons of water. As will be manifest, therefore, nothing which could account for extraordinary therapeutic effects was disclosed by this very careful analysis of the solid contents of the water; and, as Dr. Playfair very justly observes in his report addressed to the Duke of Devonshire's agent,—

"The water, deprived of its gases, has the composition of an ordinary spring water, with the exception of the fluorine and phosphoric acid, both of which are present in mere traces; and it is difficult to conceive that they can have any medicinal effect when the water is used for baths."

If the Buxton water be endowed with powerful therapeutic properties, and if none of the solids in the water produce these effects, it would seem to follow that to the gaseous constituents must belong the therapeutic activity. Under the influence of some such train of reasoning, the report from which we have just quoted proceeds:—

"The gases are, however, nearly of the same composition as those of the thermal spring at Bath, and there is no reason to doubt that dissolved carbonic acid and nitrogen may exert important physiological effects. At all events, the singular chemical character of the Buxton tepid water must be ascribed to its gaseous and not to its solid ingredients."

Taking this statement of Playfair's to mean that the therapeutic characters of the Buxton water were dependent on the nitrogen, Dr. Robertson proceeded to support the claims of nitrogen gas to be regarded as a powerful medicinal agent, in this strain:—

"The effect of nitrogen throughout the economy of the earth is now known to be very great and all-important.

The agent which only a few years ago was considered to be simply a great diluent of the oxygen of the atmosphere, and to have only the effect of lessening the action of this great stimulating and oxidising principle—nitrogen,—is now ascertained to be an important component of many animal substances, and an indispensable element in the nutriment of animal life."*

In fine, this physician argued that, inasmuch as many important organic compounds and many powerful medicine and poisons are nitrogenous substances, therefore free nitrogen gas should itself be an active substance. And so, in Buxton, nitrogen gas is regarded as a therapeutic agent of great utility.

Let us look into the matter a little more closely. *In limine*, as modern chemists would be inclined to remark, notwithstanding the circumstance that gun-cotton, quinine, strychnine, magenta dye, and albumen are nitrogenous compounds, it is, nevertheless, an established fact that free nitrogen is a most inert and inactive substance. Indeed, chemistry has not revealed a more inactive substance than nitrogen gas, and, to many minds, the extraordinary inertness of nitrogen gas would seem in itself a sufficient reason for denying the possibility of its exercising any toxic influence of any kind.

But to maintain that Buxton water owes toxic properties to nitrogen gas involves us in even greater difficulties, as we will show.

Reverting to Playfair's report, we find that the 206 cubic inches of nitrogen gas were found to issue from the cracks in the limestone along with every gallon of water. The determination of the proportions of gas and water which escape from fissures in rock is by no means an easy task, and is involved in some degree of uncertainty. Dr. Muspratt's determination of the proportion of nitrogen gas to water, in the year 1860, was 504 cubic inches of gas to one gallon of water, and the discrepancy may be looked upon as illustrative of the difficulty attendant on such observations.

Now, on referring to the older investigations of Buxton water, we find that in the year 1819 Sir Charles Scudamore and Mr. Garden found 19·998 grains of solids in a gallon of the water, and also 2 cubic inches of carbonic acid gas and 6·18 cubic inches of nitrogen gas per gallon of water. A still older determination, that of Dr. Pearson, gives the proportion of gases actually present in the water as one-fourteenth of the volume of the water.

Our readers will not fail to see that Scudamore and Garden obtained almost exactly the same proportion of solids as was afterwards found by Playfair, and also that the quantity of nitrogen gas which these earlier observers found in Buxton water is just about as much as is contained by all water which has been freely exposed to the atmosphere; it will also, doubtless, occur to our readers that the later determinations of gas by Playfair and Muspratt are only apparently, not really, opposed to the older measurements. Playfair and Muspratt made determinations of the proportions of gas and water *issuing from the limestone*, whilst Scudamore and the older observers determined the proportion of gas in the water in the state in which it reaches the patient. Obviously, in relation to the question of therapeutic effects, the point is—not what proportions of gas and water issue from the rock, but what proportions are in the glass of water when it reaches the patient's lips, or in the bath when the patient gets into it. Obviously, therefore, the determinations made by Scudamore and the older experimenters are alone important to the physician who investigates the medicinal action of the water.

In order to assure ourselves of the correctness of the construction we have put upon this matter, we availed ourselves of an opportunity of personally observing the condition of the water as administered in Buxton to invalids. We went along with the patients and purchased our glass of water, and can guarantee that from that glass of water not so much as the one-thousandth of its volume of nitrogen gas escaped in the space of five minutes. We proceeded to the baths, visiting two large public and one small private bath. The water was splendidly azure-blue in colour, but very little gas came from it. We observed the rate of the bubbles. We took up a glass of water out of the bath in order to see the small bubbles, and we are of opinion that the water of the baths in which patients bathe does not evolve the one-thousandth of its volume of gas in five minutes. In short, all the nitrogen gas which comes into relation with the patient who drinks or bathes in Buxton water, is simply the nitrogen dissolved by the water, and that, as Scudamore found—a conclusion *not controverted* by later observers,—is not sensibly more than is held in solution by common water. And the conclusion is unavoidable that, whatever be the intrinsic value of Buxton treatment, no part of the remedial effects is attributable to the action of nitrogen gas.

* Vide Dr. Robertson's Guide to Buxton, &c. (1868), page 191.

New Inventions.

XYLONITE.

WE have had forwarded to us for inspection several samples of a new material, which will, we think, prove of considerable utility in the sick-room and for surgical dressings. The material in question is called Xylonite, and is a substance of which the chief ingredient is, we are informed, chemically allied to gun-cotton, being formed by the action of nitric acid upon woody fibre. One of the chief uses to which it is applied is for making impermeable sheeting; and, if all that is said about it bears the test of experience, it bids fair to take the place of india-rubber. We have before us different samples of the waterproofed fabrics, varying in substance from a thin transparent tissue, resembling in appearance the ordinary gutta-percha tissue in common use, up to a thick strong cloth suitable for water-beds, water-cushions, and other articles where strength of fabric is all-important. Xylonite has, it would appear, several advantages over india-rubber. It is not affected by a boiling temperature, and can readily be washed in soap and water and ironed like ordinary linen or cotton fabrics. Then, again, it is not acted upon by oil or grease; and this we think is a great point in its favour, as we are strongly convinced that one great cause of the frequent failure of water-beds and cushions in our hospitals is the contact with greasy matters which they have often to undergo. These materials can be made of any colour, they are considerably cheaper than the similar gutta-percha or india-rubber fabrics, they can be used again and again, and can be kept in store for any length of time without deterioration. Xylonite has a strong smell of camphor, which, to our mind, is not unpleasant, and which tends gradually to become less and less with age. We have been favoured also with a sample of xylonite collodion, which is merely a solution of the xylonite tissue, and which is applicable to all cases in which the ordinary collodion is used. Its price is 4*s.* a pound, and it is supplied in leaden tubes, similar to those used for artists' oil colours. It can be applied in any thickness, and once applied it is found to be stronger than the ordinary collodion. It does not contract after application. These materials are introduced to the profession by the Xylonite Company (limited), of 7, Great Winchester-street-buildings, E.C.

A NEW SPLINT.

MR. COCKING, of Penzance, has laid the profession under much obligation by his poroplastic sheet for splints—an invention which combines the desirable qualities of being porous, elastic, light, flexible, and economical. It is a felted substance in sheets of all strengths and sizes. When softened by heat it becomes plastic; with cold it becomes rigid; while it can be resoftened many times without losing its virtues. It has succeeded admirably hitherto, and seems to us calculated to prove highly useful to the surgeon, particularly in the country and in the military and naval services.

THE LANCET.

LONDON: SATURDAY, SEPTEMBER 16, 1871.

INFANTILE DIARRHŒA is a very serious disease, and one of the great agencies by which the premature death of a large proportion of the population is accomplished. It is a form of infanticide that has been too little studied by the profession and too little regarded by the public. During the last few weeks the Registrar-General has recorded the deaths from this disease in London and the principal towns, and the public has been less moved by the report of hundreds of deaths from diarrhœa than it would be by the report of one death from unmistakable cholera. The only good reason for this absence of panic is that the diarrhœa which has been our most deadly epidemic for the last few weeks kills for the most part infants below the age of two years. It is little creditable to us, however, that we can look on a great mortality of young children with so little concern. It is in the hope of exciting more interest in this disease in the profession itself, and through it in the public, that we direct special attention to it at this time. We may hope that the greatest weekly mortality from it has, for this year, been already reached. But the destruction of life by it, to say nothing of surviving cases, is enormous. In the seventeen large towns the mortality of which is recorded by the Registrar-General, the deaths from this cause, which six weeks ago numbered only 195, rose very much with the rising thermometer, till one week they reached 1213; and last week the deaths from diarrhœa, principally infantile, were 1018. The death-rate from this cause, which is a valuable guide to the sanitary condition of places, varies very much in different towns. Thus it was equal to 3 per 1000 in Wolverhampton, 4 in Bristol, 6 each in London and Portsmouth, 7 in Hull, 10 each in Sunderland, Bradford, Nottingham, and Norwich, 11 in Newcastle, 12 each in Birmingham, Liverpool, and Leeds, 14 in Sheffield, 15 in Salford, 17 in Leicester, and 18 in Manchester. In the last five weeks in London alone there have been from this cause 299, 425, 487, 353, and 293 deaths. All other zymotic diseases at present are inferior in importance to this. In the week ending Sept. 2nd the deaths in London from all the principal zymotic diseases were 541; of these, no less than 353, or nearly two-thirds, were from diarrhœa, principally infantile. In this same week the whole number of deaths was 1485, and the deaths from diarrhœa, as we have said, amounted to 353. In the height of the small-pox epidemic the deaths from this cause did not exceed, if we remember rightly, 288. Of the 353 persons who died from diarrhœa, no less than 232 were infants under two years of age, and 13 were sixty years old and upwards. This still leaves 108 fatal cases between the ages of two years and sixty—a fact which gives additional importance to the disease, and further proof of the virulence of the diarrhœal influences at work amongst us during these recent weeks. Most practitioners must have encountered individual cases of the malady in question of unusual severity, not a few of which, short of being fatal, have been attended with grave symptoms, such as collapse, suppression of urine, &c. We are apt to think only of the death records, but it is proper to remember that the disease is not generally fatal, although more or less injurious to the system. It is difficult to exaggerate the harm done by prolonged and severe diarrhœa in delicate children. Not unfrequently there is a diathetic element in the constitution to begin with—scrofulous or rachitic; and of course this is not improved by an affection which wastes tissue, interferes with digestion, and rapidly deprives the patient of muscular power. A little child that has been satisfactorily walking prior to an attack will soon lose this power, the muscles becoming soft and flabby; and it is weeks before a severe attack is fully recovered from.

The space at our disposal will only allow us to indicate in the way of outline the nature and causes of this affection. The physiological conditions of infancy favour its occurrence, especially the development of the glandular system of the intestines, and the evolution of the teeth. Some of the worst cases, however, occur before the teething process becomes at all visible. The intestinal surface and its glands have all the sensitiveness of parts undergoing rapid development; and, in the case of artificially fed children, who are often greatly jeopardised in the hot months by this disease, the sources of irritation may be more easily imagined than described. A high temperature of the atmosphere is, of all conditions, the most noticeable in the production of diarrhœa. Hence the prevalence of it in recent weeks, when the temperature has exceeded considerably the average. It is pretty well made out, too, that insanitary conditions have much to do with the amount and the virulence of this disease. Hence its seriousness in large cities. A statement of the mortality from it, and of the meteorological conditions in the large towns of Scotland, is before us; from which it would almost seem as if a copious rainfall saves some of the worst of them from a high diarrhœal mortality. In Greenock, with a rainfall of 4·40 in., and a temperature of 59·2°, there were in August only 5 deaths from diarrhœa out of 117 deaths; while in Dundee, with a rainfall of 1·75 in., and a temperature of 59·8°, there were 50 deaths from the malady out of 254 deaths. Even in Glasgow, with its 1266 deaths in August, there were only 89 deaths from diarrhœa. The rainfall there was 3·66 in., and the temperature 59°. Dr. TRENCH, in Liverpool, has observed a difference in the amount of the disease according to the amount of rainfall.

The pathology of diarrhœa has been well studied by BILLARD, LEGENDRE, RILLIET and BARTHEZ, and last, but not least, by Dr. J. LEWIS SMITH, of New York. Cases of the disease are generally divided into two classes—the simple and the inflammatory. In the simpler forms recovery is the rule, unless the hydrocephaloid condition sets in; and this, like the collapse stage of cholera, requires a great mixture of promptness and judgment in the practitioner to restrain evacuations and to supply convenient fluid nourishment. In the more prolonged and less tractable cases, inflammation or ulceration of the intestine occurs—of the colon more frequently than of the ileum. Dr. SMITH, of New York, where this disease is very fatal, found indi-

cations of inflammation of the colon in 80 post-mortems out of 81 of which he has records. In 18 of these the mucous membrane was ulcerated. The part of the colon most affected is that in, and immediately above, the sigmoid flexure. "The solitary glands, both of the large and small intestine, and PEYER'S patches, are involved in nearly all cases of the disease. Even in non-inflammatory diarrhœa they are tumefied. ..... In entero-colitis they present different appearances, according to the degree and duration of the inflammation. The ulceration in the cases which I have examined appeared to be primarily and chiefly follicular." Other parts are but slightly affected. The liver, Dr. SMITH, by careful observation, found to be but little affected. Intussusceptions were very commonly found; he regarded them as probably of post-mortem occurrence in most cases. These pathological signs are enough to show the extremely grave character of the severer forms of diarrhœal disease in infants. The symptoms of such cases of entero-colitis are, the persistent diarrhœa and acid character of the motions, a hot skin, quick pulse, vomiting, and great emaciation. Dr. SMITH suspects this condition in New York when diarrhœa lasts more than a week. We shall revert in a brief article to the treatment of these forms of disease.

SIR JAMES SIMPSON has not defined the limits of what he would consider a small hospital; but there can be no doubt as to the principle he inculcated. It was, to disperse the sick as much as practicable. The fewer the patients under the same roof the better. In proportion as we augment the numbers, the conditions favourable to recovery recede. Sir JAMES SIMPSON argued that wherever it became necessary to construct hospitals, they should consist of a number of small buildings, perfectly separate and detached from one another. These propositions seem to us to be based upon sound sanitary principles, although we do not believe that it would be practicable, even were it necessary, to carry them out to the extent that has been advocated. It must be admitted, we think, that such hospitals, if properly constructed, would provide pure air to their inmates; that they would be more easily ventilated than larger ones; that diseases of the zymotic type would be less likely to originate in them, or to spread when they did arise; that the segregation of patients could be more readily obtained; and that, if built of suitable materials, their abandonment, or their periodical removal to new ground, would remedy one cardinal element of hospital danger—namely, the deterioration of healthiness arising from continued occupation over a considerable length of time. It would be easy to adapt a number of small buildings of this description to the requirements of a country district; but the large site that would be necessary to effect the requisite degree of subdivision, where the numbers to be provided for are great, would render it a very expensive system for a large city. In London, for instance, it would be impossible to find sufficient spaces in convenient localities for the sites of such hospitals. No large endowment could be altogether provided on one site; and it is questionable whether the foundation of our charitable trusts would, in all instances, permit of such subdivision as practically to form separate hospitals in localities at a distance from each other—a plan which, by entailing a separate administration and staff accessories, would be attended with much additional cost. Wooden structures would not be free from danger; and properly lined iron buildings are neither inexpensive nor very durable. Iron huts, moreover, are hot in summer and cold in winter; and they are not liked by patients, especially during the latter season. Buildings constructed and arranged on the principle of great subdivision are not so easily warmed, and lack to a large extent the comfort which forms no small element in favour of permanent buildings. The most weighty objection, however, to Sir JAMES SIMPSON'S proposals consists in the fact that no one in his senses would think of pulling down the existing hospitals, or of diverting them to any other use, until their substitutes or successors were forthcoming—a provision which we see no chance of being realised. One of the most important features of our large metropolitan hospitals, moreover, is their utilisation for the purposes of clinical instruction in their connexion with medical schools. As at present constituted, the medical and surgical staff of these hospitals is composed of men eminent in their profession, actively engaged in its practice, and with limited time at their disposal. Their pupils likewise require to obtain their instruction with as little expenditure of time and labour as practicable. The pursuit of clinical study by a class accompanying a medical officer through a series of small detached buildings would be attended with no little difficulty to both parties. There is no doubt, however, that the requirements of rural districts, where a limited number of patients has to be provided for, could be readily met in the manner proposed by Sir JAMES SIMPSON. If the success that followed their adoption proved to be of a very marked character, it could not fail to have its effect on the construction of hospitals in the future. As regards military war-hospitals, where a large number of wounded and cases of amputations and other operations have to be treated, there can be no doubt that the smaller the building and the freer the circulation of air in it the better. Tents, huts, and temporary constructions of the cheapest character, such as will admit of *thorough* ventilation and secure an absolute freedom from foulness of every kind, are preferable to every other form of hospital. It would be universally allowed that the aggregation of a number of persons—even healthy persons—in a building without adequate ventilation leads to a low standard of health and a proclivity to disease, especially of an epidemic type; and in so far as these conditions are present in a hospital, we may well believe that they exercise an influence adverse to the recovery of the patient by the deterioration of health they induce. But it must be remembered that a large proportion of patients who enter our public hospitals are suffering from diseases which are, practically speaking, little, if at all, influenced by the structural defects of the building or the ward. These patients, whilst undergoing hospital treatment, are better fed, better lodged, and better off, in short, in every way than they probably have ever been before, or could expect to be in their own homes. The surgical cases likely to be injuriously affected by hospitalism will be specially alluded to hereafter.

There is one element in the discussion on hospitalism which does not seem to have been included by Mr. HOLMES in his reply. It is one which we hold to be very material to the discussion; indeed its omission must invalidate the results of any inquiry into the relative healthiness of hospitals, large or small. We mean the construction of these establishments. The fact cannot be too strongly stated that in any enclosed space, whether it be a bandbox or a church, constant renewal of the air is essential to its purity. A few persons, in a small ill-ventilated apartment, however isolated, would be as liable to suffer from the effects of atmospheric impurity as a larger number under similar circumstances. In the early period of the American war unsuitable buildings and overcrowded tents of various kinds had to be abandoned from their unhealthiness. It was due to the foresight and energy of the late Surgeon-General HAMMOND that buildings of a proper design and construction were erected, and the results were eminently satisfactory. We are told on all hands that, during the late continental war, the small hospitals established in private houses and buildings that were never intended to be used for that purpose proved even more unhealthy than the larger and regularly established hospitals. As an instance familiar to many of a bad temporary hospital, we may mention the picture galleries at Versailles, known as the Château Hospital. The vicious construction of all such buildings rendered them entirely unsuited to hospital requirements, the chief of which is the presence of good ventilation. As Mr. ROBERTON, in his "Practical Reports on the Construction and Ventilation of Hospitals," long ago asserted, the insalubrity of our institutions mainly arises from two causes: first, the difficulty, owing to faulty construction, of securing a free circulation through the wards, and continued renewal therein of the external atmosphere; and, secondly, the intimate connexion existing between the different wards in each story by means of doors and passages, and between the different stories by inside stairs—an arrangement which favours the rapid diffusion over the house of foul air continually being generated in every one of the wards, and the creation, consequently, of a hospital miasm. We need not go far to seek for illustrations of what we regard as bad hospital construction, for they abound in this and other countries; and it would be a subject of surprise were it otherwise, for the very principles of correct hospital construction are the growth of the present time, and existing structures have only reflected the state of knowledge of the age in which they were built. No definite system seems to have been followed beyond adapting the building to the site and number of beds required. We must, however, defer to another occasion the further consideration of this subject, as well as that of the best methods of remedying any of the defects incidental to old and faulty constructions.

THAT the old statement "corpora non agunt nisi sint soluta" is not absolutely correct, has long been known. Nearly thirty years ago OESTERLEN administered unguentum hydrargyri to cats, and found molecules of the metal in their blood. HERBST believed he had satisfactorily demonstrated the absorption of milk and starch corpuscles into the chyle and bloodvessels; and his views were supported by the experiments of BRUCH. DONDERS and MENSONIDES mingled charcoal with the food of rabbits, and found particles in the blood drawn from every region of the body. Similar researches were undertaken by MARFELS and MOLESCHOTT, who gave to frogs and dogs blood-corpuscles of sheep and pigment-corpuscles from the choroid, and saw these corpuscles circulating in the web of the frog's foot. OESTERLEN, EBERHARD, LANDERER, and especially VOIT, made a series of careful experiments, all showing that if blue ointment were vigorously rubbed into the shaven skin of cats and dogs, minute particles might be found in other and remote organs of the body—as the liver, spleen, pancreas, kidneys, &c. There have been, indeed, some experimenters—as v. BARENSPRUNG, v. RECKLINGHAUSEN, and a few others—who have obtained only negative results; but, upon the whole, the evidence has been of late years strongly in favour of the possibility of the absorption of solid substances through the uninjured membranes and skin. Quite recently M. HEINRICH AUSPITZ has given in the *Wiener Medizinischen Jahrbüchern* the results of his experiments on this interesting subject. He has employed a substance which, from its small specific weight and its strongly-defined outline and stability, is quite as serviceable as metallic silver and colouring particles. This is rice-starch meal, which is furthermore easily recognisable by its reaction with iodine and the action of polarised light. The largest rice-starch grains are about twenty times larger than the red corpuscles of the rabbit, whilst the smallest are rather smaller than the red corpuscles. He injected white starch meal as well as starch meal coloured blue with iodine. His first series of experiments consisted of injecting the starch powder into the external jugular vein, the vena cava inferior, and the pulmonary artery, with a view of testing how far it could be recognised when diffused through the tissues of the various organs of the body; and he obtained the general result that the presence of the granules could be almost everywhere easily demonstrated by the appropriate tests mentioned above—as in the lungs, right heart, liver, spleen, kidneys, and brain, and in hæmorrhagic exudates. In subsequent experiments he injected starch-molecules suspended in water into the abdominal cavity, and into the subcutaneous connective tissue; in other cases the starch was suspended in oil, and similarly injected; and finally, in another series of cases, the contents of the ductus thoracicus were carefully investigated after injection of the starch into the peritoneal cavity and into the subcutaneous connective tissue. The general results of all these experiments may be thus briefly summed up:—Insoluble formed materials are undoubtedly capable of being absorbed both from the abdominal cavity and from the subcutaneous connective tissue into the circulation; they thus reach the lungs, and, passing through these organs, may enter the systemic circulation. In order to gain entrance into the veins they traverse the lymphatic vascular system; but it is not yet accurately ascertained whether they enter the circulation exclusively by this route. The epidermis forms a serious but not insurmountable obstacle to absorption of starch-grains from the sur-

face of the skin. All these processes of absorption are materially assisted by the presence of fat, which is absorbed still more readily than starch-grains, and enters the circulation by the same path.

THE letter of Dr. MEERES places before our readers the full particulars of an unfortunate case of which many will have read a brief notice in the daily papers. That a child of nine years old should become salivated by the application of even a strong solution of bichloride of mercury to the scalp is, in the experience of those most acquainted with the treatment of skin affections, an unprecedented occurrence, and one which is only to be accounted for by an unfortunate idiosyncrasy in the patient. Dr. TILBURY FOX, from whose work the formula in question was taken, has used the application most extensively, and has seen no reason to regret the employment of it during many years. The quantity of mercury required to produce salivation in different individuals is well known to vary considerably—a grain or two of calomel exciting profuse salivation in some persons. On this subject Dr. NEVINS, a well-known authority on materia medica, writes:—

"This extreme susceptibility, though far from common, is not very rare; but it can never be anticipated before trial in any particular instance. *Children are not so readily salivated as adults; indeed, salivation is rarely produced.*"

What shall we say, then, of the most unjust censure heaped upon poor Dr. MEERES's innocent head by the coroner's jury? It is much to be regretted that the coroner—himself a medical man—did not either refuse to receive such a verdict or enter some protest against it. It may be presumed that sympathy with the parents of the child strongly influenced the jury, and that the verdict reflected *excited feeling* rather than dispassionate judgment. Dr. MEERES could not possibly have foreseen the lamentable result that followed. The object of using the mercury was the destruction of the parasite; and for this purpose a weak solution would have been inefficient. The solution is only intended to be applied in very small quantities to a non-abraded surface, and, physiologically speaking, its absorption to any appreciable, not to say injurious, extent was not to be anticipated. Granted that the result has taught a different lesson, and that Dr. MEERES has to undergo the sorrow that every right-minded man must feel under the circumstances, that is no reason why he, as a medical man, should be made the victim of an unjust verdict for discharging his duty to the best of his ability. The administration of a few grains of blue-pill has been followed ere now by salivation and destruction of some part of the jaw-bone; but if the surgeon who administers blue-pill is to be censured and punished for such an untoward result, our profession will be a dangerous one to follow. At the same time, whilst condoling with Dr. MEERES, we strongly urge upon him to "live down" the scandal, and to pursue unmoved the practice of his profession, certain of the support of all right-thinking people.

DR. SILVER has been appointed Physician to Charing-cross Hospital. A vacancy as Assistant-Physician has been created by his elevation to that post.

Medical Annotations.

"Ne quid nimis."

THE HEALTH OF THE QUEEN.

WE are most glad to be able to state that Her Majesty is now rapidly recovering from her recent illness. The public are probably not aware of the fact that this illness has been of a serious character—so much so, indeed, as to have given rise at one time to considerable anxiety on the part of those about the Queen. The announcement made a few days since that a gathering had formed in Her Majesty's arm, and had been opened, was, if not to the public, at least to medical minds, not a little disquieting, inasmuch as it signified, under the circumstances, that serious disturbance of the general health had taken place.

The Queen's illness began at Osborne, early in August, with entire loss of appetite, headache, disturbed nights, general depression, and slight inflammation of the left tonsil. The inflammation of the tonsil soon subsided, but Her Majesty, without suffering from any notable local trouble, continued very ill. The heat of Osborne and of Windsor was moreover most trying to the Queen, before she went to Balmoral. Her Majesty bore the journey north well, and on the road slept better than she had for several preceding nights. On the 19th August, however, and for some days subsequently, the Queen suffered from most severe sore-throat, and there was considerable interference not only with the act of swallowing but even with speech. As the throat improved, the Queen began to suffer pain a little below the right arm, at which part a swelling, that subsequently suppurated, made its appearance. Her Majesty's general health was again greatly disturbed at the time, in connexion with the formation of the abscess; and for days Her Majesty was unable to take any food. On Sept. 4th Mr. Lister opened an abscess which had formed at the seat of the swelling beneath the arm. The abscess proved to be of considerable size; but after it was incised it made favourable progress towards cure, and soon healed. From this time the improvement in the Queen's generdl health began to show itself, and during the past few days has been very decided.

It will be gathered from these details that, although the Queen has never been in immediate danger, she has been really very ill; and that, although now on the way to complete recovery, some time must elapse before the Queen can be as well as she was earlier in the year. Her Majesty now needs rest and quiet more than ever; and there are none of her subjects who will, whilst they rejoice at her convalescence, begrudge her the retirement at Balmoral, the climate of which will no doubt, as it has often done before, restore Her Majesty again to her usual health.

THE LOCAL GOVERNMENT BOARD.

IT is evident from many letters which reach us that the constitution of the new Local Government Board, and the scope of its functions, are but imperfectly apprehended by the public, and therefore it may be useful to state exactly what is the nature of the *régime* which has been inaugurated under the Act of last session, by the appointment of Mr. Stansfeld as the first President of the new Board.

It will be remembered that the Royal Sanitary Commissioners in their Report sketched out a complete scheme of sanitary reform, having for its basis—(1) an amendment and consolidation of the laws relating to public health; (2) the unification of the local authorities concerned in the administration of those laws; and (3) the establishment of a sole central authority for the control and supervision of the local autho-

rities. Under this latter head the Commission arrived at the conclusion that the laws relating to public health should be administered conjointly with those relating to the relief of the poor by one minister as the central authority; and as a necessary consequence it was proposed to put an end to the divided responsibility in respect of public health matters hitherto vested in four or five Government departments, by transferring all such responsibility to the new Ministry of Health and Public Relief.

Now, having regard to the fact that the Commission did its work so thoroughly as that it was perfectly practicable to have embodied the entire scheme in a Bill which might have been laid on the table of the House of Commons within a month after the report had been presented, which was sufficiently early in the session for such a Bill to have been passed this year, it cannot but be matter of regret that the Government decided to legislate upon a part only of the scheme, leaving the remainder to its chance of being dealt with next session. Those, however, who look for comprehensive statesmanship upon great social questions at the hands of the public men of to-day, have nothing better to expect than disappointment. Thus it happens that the reform of our complex system of sanitary laws has yet to be accomplished. So also the adoption of definite areas as sanitary units, and the constitution of the local authorities to administer the laws of health and public relief within those areas, are questions still undetermined. All that we have got, up to this time, as the result of the labours of the Sanitary Commission, is the creation of the central authority of health and public relief in the shape of the new Local Government Board.

The Act constituting this Board consists of eight clauses only, and it was passed in the closing hours of the last session. It enacts that a Board shall be established, to be called the Local Government Board, which shall entirely supersede the Poor-law Board, and that the establishment of the Board is to date from the appointment of its first president, an event which took place nearly a month ago. In this Board are now vested all the powers and functions of the extinct Poor-law Board, together with the sole responsibility and control in respect of the following powers and duties previously vested in the Home Secretary and the Privy Council, under the authority of numerous Acts of Parliament — viz., public health, prevention of disease, vaccination, drainage and sanitary matters, registration of births, deaths, and marriages, local government, baths and wash-houses, public improvements, towns improvement, and artisans' and labourers' dwellings. Upon each and all of these subjects the new Local Government Board is the supreme authority. Nobody can doubt that this is a step in the right direction; and although it would be premature to speak of the working of the Act when manifestly so little can have been done in the way of the reorganisation which will ultimately take place, we feel satisfied that the public may expect that the change will, in the end, result in an increased efficiency of our sanitary administration, amply sufficient to justify the persistence with which all sanitary reformers have united in urging the necessity for such change.

THE SOPHIA NURSERY.

THE revelations made of late of the perils and vicissitudes to which an unfortunate London foundling is usually exposed, and against which our single Foundling Hospital is wholly incompetent to contend, show very clearly that some institution is necessary where the illegitimate children who are hourly making their appearance in this city may receive the care and attention requisite for the preservation of their lives, and be in some degree shielded from the consequences of a sin for which they are wholly unanswerable. The Sophia Nursery, North-end-road, Fulham, is an establishment for carrying out the above objects. In it are received the first children of unmarried women, who are taken into the nursery, and entirely provided for from their very earliest infancy till they attain the age of two years. The mothers of the children are required to furnish a weekly sum for the maintenance of their offspring while in the nursery, which weekly sum is rated according to the power of the mother to pay, and varies from 2*s.* 6*d.* to 7*s.* 6*d.* Not only are the children taken care of, but the well-being of the mothers is also regarded, and every effort is made to wean them from their ways, to find them honest employment, and pull them from the slough of despond in which these poor creatures but too often (if unaided by some helping hand) stick fast for life. The whole of this good work is at present being executed by the (almost) unaided efforts of one lady, Miss Dampier, who has provided a most excellent house and grounds, and has furnished the same with every requisite that can possibly be needed for carrying out the objects of the nursery. We have paid a visit to the institution, and have found its internal arrangements most excellent. The charitable manageress has a marked natural aptitude for the work she has taken in hand, and brings an earnestness to bear upon her task which cannot fail to ultimately insure its complete success. The children are provided with day and night nurseries, and an infirmary for the more sickly ones. They are kept scrupulously clean, and are furnished with every requisite for the maintenance of health—suitable clothing, nourishing food, and trained, experienced nurses. Miss Dampier seems thoroughly to understand the uses of fresh air and disinfectants. At the time of our visit the windows were wide open, and a slight odour of carbolic acid pervaded the house. We were pleased to see that the greatest possible care was taken to thoroughly cleanse the feeding-bottles, which are not allowed to be used twice in succession without a thorough washing with Condy's fluid and boiling water. The cots, baths, and other appliances are all of the most modern make; and while utility has been the first object in view, appearances have not been neglected, and the eye is everywhere pleased by the neatness and elegance which are abundantly displayed. At present there are fifteen children in the nursery, and there are daily applications for admission. Not long since there were no less than fourteen applications in one week, but the unaided resources of the foundress cannot be expected to do more than has already been done. We are sure that the charitably disposed cannot do better than lend a helping hand to this good work, which we trust is only the nucleus of a great institution of infinitely larger proportions and wider scope. Donations and subscriptions will be gladly received by Miss Dampier at the Nursery.

THE SANITARY CONDITION OF DUBLIN.

A VERY lively and important discussion has been going on in the Dublin newspapers concerning the health of the city, and its preparedness for resisting an epidemic of cholera, a disease which in 1866 found 1186 victims. The exposure of the unsatisfactory features of the sanitary state of Dublin originated in a feeling of gratitude in the mind of Mr. Benson Baker, of London, for kindness shown to him in the course of recent investigations into the curative and hygienic system in operation in Ireland. According to Mr. Benson Baker's statements, dirt and excrement have very much their own way in Dublin. The following is a quotation from his first communication to *Saunders' News Letter*:—

"No one passing through your streets can fail not only

to see, but to be informed by another sense, that excreta and decomposing vegetable and other refuse are producing 'excrement-reeking air.' No one can inspect the cellars and yards of the poor without seeing the danger to which they are exposed from excrement-sodden soil. The privies and cesspools baffle description; the top water percolates through a mass of filth into the cellars, and fills the houses with 'excrement-reeking air.' Waterclosets and dust-bins among this class are unknown. The Vartry water is exceptionally good and plentiful, affording, I am informed, twenty-five gallons per head per diem. This is the only satisfactory sanitary feature of the city. But even this is not utilised as it might be. It appears that more water than is used by the citizens is wasted in the bye-wash."

He goes on to say that typhoid is endemic in Dublin, and at present (that is, in August) more fatal than typhus—a very vague and useless sort of statement. He adds that 13,000 of the citizens of Dublin suffer in the year from fever, a piece of statistics which Dr. Grimshaw does his best to justify, but which we confess to having given up in hopeless despair. The disinfecting apparatus is out of repair from want of use. Mr. Baker saw a bad case of small-pox being conveyed to a hospital in a costermonger's cart. Finally, only one Dublin hospital has a conveyance of its own. Notwithstanding the peculiar form of Mr. Baker's gratitude, and a certain *cookedness* in his statistics of fever, his statements should stimulate the sanitary authorities of Dublin to use every exertion to amend the condition and increase the cleanliness of the city, and rid the air and water of all excremental elements. Mr. Baker's statements are in the main supported by Dr. Grimshaw, who charges the Sanitary Committee with being responsible for the fact that the deaths from zymotic disease are more numerous by 400 than before the existence of the Sanitary Committee. Dr. Mapother has come ably to the defence of the Sanitary Committee. He says, in explanation of the 400 additional deaths from zymotic disease, that the smaller number occurred in 1864, in which year—being the first of the registration system—only two-thirds of the deaths were registered. Moreover, he argues that the small diarrhœal mortality in Dublin—16 deaths in August out of a population of 245,722—is the best refutation of the charge that Dublin is sewage poisoned, and that its sanitary authorities neglect their duty. Dr. Mapother is, perhaps, too much satisfied with the fact that Dublin is not so bad as some other places are. This is not the feeling proper to the health advisers of Dublin. Until the experience of another cholera epidemic shall have vindicated the Sanitary Committee's work, it should receive representations like Mr. Baker's, and especially Dr. Grimshaw's, in good part, and set to work to make a more thorough use of the water-supply, to multiply conveyances for the infectious sick, and apparatuses for disinfection, and to make more satisfactory arrangements for the isolation of cases of cholera should they unfortunately occur.

DISINFECTING APPARATUS.

MESSRS. FRASER BROTHERS, of the Commercial-road, have constructed an apparatus for the disinfection of clothing on a large scale, which, by the way, seems to us to be similar to that just erected at University College Hospital by Messrs. Jeakes. It consists of a large iron chamber enclosed by brickwork, into which a carriage is wheeled which contains the foul articles. There is a furnace under the chamber, which furnace is lighted and fed from one side, and would probably require the entire attention of a fireman. A flue exists, through which vapours are supposed to be drawn from the inside of the chamber through the fire, passing out eventually through the chimney of the furnace. The latter is so arranged that simple heat can be applied, or any special disinfectant used by vaporisation. The carriage consists of a large chamber made of sheet iron, within which are several slatted shelves whereon to lay the clothing. The directions for the working of this apparatus indicate that the chamber should be raised to the temperature of 300° Fahr., and that a temperature of 250° should be maintained as a minimum during the process of disinfection. But these and other similar matters of detail can best be regulated by the officer who superintends. The apparatus is undoubtedly useful, but is far too costly for adoption in any but very large institutions, or in an establishment where disinfection is practised as a business; and we think, too, that the arrangements are unnecessarily complicated. The Medical Director-General of the Navy has, however, shown his special approval of the plan by ordering an apparatus of the kind to be erected at the Royal Victoria Yard, Deptford, as it is intended to disinfect all clothing received for the use of the Royal Navy before it is placed in store. The wisdom of this arrangement is sufficiently apparent, as it is known that many of these garments are made in some of the most insanitary districts of the metropolis, and may therefore contain germs of disease when handed over by the contractors.

A BLACK TOWN.

A SHORT time since we ventured to assert that Dudley was doubly entitled to be called a *black* town, as being not only one of the principal towns of the Black District, but a kind of headquarters of dirt and disease. The case was not overstated, for the report to the Privy Council by Dr. Thorne Thorne shows it to be one of the foulest nests of filth in the realm—we trust *the* foulest, for it would be sad to think that Dudley has rivals. The details of the filthy condition of this town, of the overcrowding, the disease, and the neglect are, indeed, surprising; but perhaps more remarkable, and certainly more instructive, is the *résumé* of its sanitary history. We will briefly recapitulate it in order that our readers may admire the spirit of generous and enlightened zeal to which it is possible for a local government to rise.

In 1832 cholera caused a fearful mortality in this favoured borough; in 1847 a large number of inhabitants died of Irish fever; in 1849, and again in 1854, cholera visited its old haunt. In 1852 Mr. William Lee visited the town on behalf of the General Board of Health, and, in reporting on the sanitary evils which he found to prevail, pointed out what remedial measures were urgently required. The following are amongst the concluding sentences of his report:—"In Dudley it appears that about as large a proportion of the entire population dies in the first year of life as in other and more healthy districts dies under twenty years of age, and that only three out of every ten human beings born into the world survive to years of maturity..... I am acquainted with no parallel to the case of Dudley."

And yet this town is, both geologically and topographically, not unfavourably situated. In 1854, 1855, and 1856, Mr. Houghton, then medical officer of health to the borough, in his quarterly and annual reports, called the attention of the board to the numerous prevailing sanitary evils, and, reminding them of the severity of former attacks of epidemic disease, urged the importance of hastening the various improvements on which the sanitary condition of the district depended. Towards the end of 1856 the board passed a resolution to the effect that the medical officer of health "be removed as an *useless* and *unnecessary* officer." In 1857 Dr. Bristowe reported to the Privy Council respecting the excessive diarrhœal mortality in Dudley, and gave a description of its condition, which in all essential respects corresponds with the more recent one of Dr. Thorne. Still

later, plans for sewerage and drainage were laid before the Mayor and Town Council, with the result that these authorities borrowed money for works which they did not proceed to carry out.

Such being the sanitary history of Dudley, what is its condition in the present year of grace? It appears that a very considerable number of the dwellings of which this and some neighbouring townships consist are filthy, squalid, and often dilapidated houses, surrounded on every side by heaps and pools of excrementitious and other refuse in such a manner that the only ventilation of which they are capable is the change of one foul air and stench for another. They are provided with overflowing middens, in many instances both roofless and doorless, in proportions varying from one to every three or four houses to one to twelve or fifteen; they indicate the greatest neglect on the part of landlord and tenant, are unprovided with proper water-supply and drainage, and contain, huddled in the same room, often on the same bed, the fever-stricken and the sound, young and old, and male and female, regardless of all decency. To complete the picture, pigsties are permitted to exist even in thickly populated districts.

This is the state to which permissive legislature and years of local self-government have brought a once healthy town. How dearly should Englishmen, and the people of Dudley especially, prize such bulwarks of their liberties and effectual safeguards of their health and purses.

THE "DREADNOUGHT" SMALL-POX CONVALESCENT HOSPITAL.

THE "Dreadnought" Committee of the Metropolitan Asylums Board have arranged to close the vessel finally for the reception of small-pox convalescents on the 14th prox. The ship was fitted up very simply and very quickly in the spring of the year, and was formally opened on the 8th of May, under the medical superintendence of Mr. Thomas S. Horsford. A total of 1021 cases have been taken on board; three deaths only have occurred, and the discharges have averaged about 50 per week. The general health of the inmates has been excellent. All the patients have convalesced rapidly, and there can be no doubt that this floating hospital has in her old age been utilised to very good purpose. A process of disinfection is being carried out, which consists in whitewashing the sides and beams, scrubbing the decks with a solution of chloride of lime, and burning sulphur on all the decks. The Metropolitan Asylums Board at their last meeting passed a cordial vote of thanks to Mr. Horsford, who has performed the administrative as well as the medical duties connected with this hospital with great skill and assiduity. It is the present intention of the Board to keep the *Dreadnought* for any epidemic emergency that may arise; and the local authorities of the port of London, who are now organising a system of surveillance of the shipping, have obtained possession of the vessel in order to utilise her as a receiving ship for any cases of cholera that may now or next year occur on board the vessels in the pool or in the docks.

NEW COURT APPOINTMENT.

IN consequence of the improved health of the Prince Leopold, the constant attendance of a medical man on his Royal Highness has become no longer necessary. But as the Queen desired, for herself and the Royal Household generally, to have a medical man constantly in the Palace to attend to cases of emergency, Her Majesty appointed Dr. Marshall, of Crathie, to be resident medical attendant to Her Majesty and the Royal Household wherever the Court may be. Dr. Marshall came into residence when the Queen reached Balmoral on August 16th, and was in attendance on the Queen with Sir William Jenner and Mr. Lister during Her Majesty's late severe illness. The appointment of Dr. Marshall will not interfere with the duties hitherto performed by Dr. Hoffmeister at Osborne, or by Drs. Ellison and Fairbank at Windsor.

THE REGISTRATION OF STUDENTS.

WITH the new session will recommence the annoyances of registration of students, who will be expected to dance attendance at the College of Surgeons and the Apothecaries' Hall in order that they may exhibit their lecture tickets and themselves to the fussy officials of those time-honoured institutions. The General Medical Council, which is the only body having a *legal* right to demand registration, is also the only body which adopts a rational method of carrying it out—namely, by obtaining from the several medical schools a certified list of students who have entered on their studies each year, with the certificate of their having passed the necessary preliminary examination. The Apothecaries still keep up the farce of registration; but the inscription of names has no bearing whatever upon the number of gentlemen who go up for the licence to practise, or upon their admission to examination. The College of Surgeons acts in much the same way; yet there is nothing whatever in any charter or bye-law of the College authorising such a proceeding, though in the College regulations for students it is laid down that tickets must be registered within fifteen days of the commencement of the session. Even here, however, no mention is made of the second College registration later in the session; and we believe that the College could not refuse to admit to examination any pupil whose name appeared on the Students' Register of the General Medical Council. The only ground we know of for keeping up the annoyance of the College of Surgeons' registration has hitherto been the necessity for informing the Inspector of Anatomy of the number of dissecting pupils; but as many pupils already do not register at the College, we would suggest to Mr. Charles Hawkins that he would obtain a much more reliable list from the authorities of each medical school, and thus do away with the necessity of maintaining an ancient nuisance, which should have been abolished long since.

ELECTRO-MOTOR PROPERTIES OF EMBRYONAL TISSUES.

THE last part of the *Zeitschrift für Biologie* (Band vii., Heft ii.) contains a continuation of the interesting histological and physiological papers by G. Valentin. The first of these treats of the electro-motor peculiarities of the nerves and muscles of the embryo. In this investigation Valentin set himself to determine whether the electro-motor peculiarities of the nerves and muscles first make their appearance when these tissues present their mature and fully-developed structure, or whether they are present from the earliest period. He also endeavoured to ascertain whether the surfaces that in the mature condition are positive and negative possess the same reaction in the immature state. His experiments were made on the embryoes of fowls, and he found that it was of little use experimenting before the eleventh day, as the tissues were not previously sufficiently differentiated. His researches show that the usual muscular current, with its negative variation during contraction, may be distinctly observed long antecedent to the complete structural development of the muscle, probably before or just after the first appearance of transverse striæ. The ordinary muscular current between the natural

longitudinal and the artificial transverse section is perceptible even for two days after death. In like manner the nerves, when still so unformed as to give no trace of medullary sheath in ordinary light, and only the faintest trace of it in polarised light, already possess their power of conducting impulses causing the contraction of muscle, and exhibit their usual electro-motor relation, and the ordinary reversal of the current (negative variation) during excitation. The electro-motor properties, therefore, of both muscle and nerve are, it is thus shown, acquired before their structure is complete.

OFFICIAL DELIBERATION.

IT is doubtless wise, in sanitary as well as in other matters, to "take time to consider." Pleasing results of action upon this principle have appeared during the last week in the shape of two notices as to vaccination and small-pox, one of which emanated from the Postmaster-General, and the other from the Board of Trade. The former has addressed a circular letter to the postmasters throughout the kingdom, calling attention to the prevalence of small-pox, &c. &c., with an intimation that letter-carriers and other subordinates should be revaccinated. The Board of Trade, through their Marine Secretary, calls the attention of captains and others, by advertisement in the *Shipping Gazette*, to the prevalence of small-pox; and superintendents at mercantile marine offices are instructed to give notice to the local authorities if any seamen suffering from small-pox are landed from any vessel, in order that such seamen may be provided for, &c. &c. We have been at some pains to demonstrate, week by week during the past eight months, how continuously and persistently the mercantile marine has assisted the spread of small-pox, and how the epidemic has been perpetuated in this manner. It is therefore refreshing to find that, when we are just beginning to speed the parting guest, two important Government Departments have at length become cognisant of their responsibilities, and show it by issuing notices that, to be of any practical value, ought to have appeared at least ten months ago. But we may charitably suppose that the authorities at St. Martin's-le-Grand and Whitehall have, during the past session, been occupied by matters far more important than the health of postmen and sailors.

THE CHOLERA IN RUSSIA.

WE have received a communication from a medical correspondent, writing from Slawuta, Government of Volhynia, Russia, who thinks that we are taking an exaggerated view of the extent of cholera in Russian provinces. In the district in which he has resided for more than six years the epidemic has, upon the whole, been less during the present year than in those preceding it. Some of the larger towns in the midland, north-western, and south-eastern provinces have been chiefly affected. In the province of Volhynia, with the exception of Kiew and Odessa, there have been but few cases. The epidemic much resembles dysentery in a great many cases, being accompanied by haemorrhage from the bowels. Owing to the flat nature of the country, its clay sub-strata, and the heavy rains during the present year, it is feared the potato crop will prove a failure. The peasants, living as they do on field produce almost exclusively, are compelled to have recourse to other and less wholesome articles of food, such as radishes, fresh cucumbers, &c. The insufficiency and bad character of this diet induce diarrhœa and a predisposition to cholera. Our correspondent blames the use of unripe fruits, which the natives consume in large quantities, and the uncontrolled abuse of sanitary laws, for very much of the existing disease. Although he considers the English authorities cannot be too much alive to prevent the introduction of so formidable and subtle an enemy as cholera, he avers that the accounts which have appeared in this country of the awful epidemics of that disease in Russia give, nevertheless, a very exaggerated expression of the facts.

THE NATIVE MEDICAL SCHOOL OF NAGPUR.

A YEAR ago we noticed the great success of the attempt to found a school for the education of natives of India in the art and science of medicine, under the superintendence of Dr. W. B. Beatson; and we have now the satisfaction of recording another year's good work, as related in the official report to the chief commissioner at Nagpur. During the past twelve months there have been under instruction thirty-seven students, and at the close of the session twenty-one of these were found, after strict and careful examination, to be well qualified in all the branches of medicine taught in the school; these have since been admitted into the subordinate medical service as hospital assistants. In June, 1870, sixteen new students were admitted, of whom two receive special mention from Dr. Beatson as being examples of natives entering upon medical study, not with the object of entering the public service, but with the view of devoting themselves to private practice among their fellow-countrymen. Those who are acquainted with the present low state of medical knowledge among the native practitioners will best appreciate the advantages which must ensue from the introduction of properly qualified men; and on this subject Colonel Keatinge, when distributing the prizes to the successful students, made some valuable remarks. He expressed his conviction that a few years must make a great difference in the estimation in which the medical profession is held by the people of India; the value of sound science would be sure to be appreciated, and its professors would meet with the same consideration as is shown to them in European countries. Some of those about to leave the school, having gained their diplomas, might have before them a very successful career, and might eventually rise to preferment in the service of native princes, who must in time admit the superiority of European medical science over the false methods of the practitioners still employed by them, and who would then endeavour to attract to their service men educated at the schools in British territory. We may note that the Nagpur School of Medicine is now in the fourth year of its existence, and that it has added already thirty hospital assistants to the ranks of the subordinate medical service, of whom nine have been in employment for the last twelve months, and have proved themselves to be well-instructed and attentive subordinates.

THE SACREDNESS OF OBSTETRIC ENGAGEMENTS.

MR. TIMES, of Manchester-street, Manchester-square, has been censured by a jury for not duly fulfilling an obstetric engagement under the following circumstances. In the middle of July Mr. Times was engaged to attend a Mrs. Sayer in her confinement. On Thursday morning of last week he was sent for, and found the deceased in convulsions, but with no symptoms of labour. He prescribed for the patient, and remarked that he would not be likely to be required for some hours, but said he would come back in two hours. When he got home and the morning letters came in, he found he was wanted directly in the country; and, Mrs. Sayer's case being critical, and requiring more attention than he could bestow, he thought it better to "give" the case into the hands of

some other medical man. He therefore wrote a letter to the husband advising him to get another medical man. Different practitioners were called in, who found labour but slightly advanced. Dr. Murray, of Green-street, Grosvenor-square, who was subsequently summoned, arrived just in time to find the patient dying.

As Mr. Times expressed his regret that he did not act differently and procure a substitute, we shall content ourselves with saying that we are exceedingly sorry he did not more vividly perceive at the time the great principles which should have guided his conduct. No other professional duty could exonerate him from his duty to Mrs. Sayer. As for "giving" a case of puerperal convulsions or uterine hæmorrhage to another medical man, the less comment upon such gifts the better. When once any medical practitioner has seen an obstetric patient in circumstances of special danger, his paramount duty is to do his best for her; and when this is not done, great is the regret felt by the practitioner, and great is the scandal accruing to the profession.

WELL DONE!

WE have occasionally to comment upon the want of consideration shown by the Government of this country to members of the medical profession in the public services. It is therefore only right, as well as gratifying to ourselves, to place on record anything manifesting a spirit of wise liberality and justice on their part. Surgeon-Major Park, of the Royal Artillery, has been granted a special pension of £200 per annum as compensation for an injury received during the performance of a surgical operation, by which the use of his hand was impaired so as to necessitate his retirement on half-pay. This is equivalent to the pension for the loss of a limb by a wound received in action by an officer of the same rank. This is as it should be. The War Office authorities are to be congratulated on having recognised Surgeon-Major Park's claim to their consideration in a spirit of equity, instead of seeking to set it aside by objections of a technical character.

INSPECTION OF SHIPPING.

COMPLAINTS have lately been made by masters and owners of vessels to the effect that they are charged fees at certain ports on the east coast of Scotland for the inspection of their vessels in accordance with the recommendations issued by the Privy Council. This practice, if adopted, is manifestly unfair; and, moreover, we take it that the local authorities are in every case responsible for the remuneration of their medical inspector. And such a course of proceeding is highly impolitic; for if ship-captains find out that they are not only subject to sanitary restrictions which must be necessarily somewhat vexatious, but have to "pay the piper" as well, it is plain that the law will be evaded on every available opportunity. It would be well if a circular memorandum were issued from the legal department of the Privy Council, to all local authorities interested, explaining the exact bearings of this question.

Complaints also are rife at Shields, and other north-eastern ports, that no cue is given officially to the local authorities as to "suspected" places, so that the medical inspectors, Customs and quarantine officers, are compelled to use their own judgment as to the inspection of any particular vessel, which judgment can only be framed from journalistic sources. It is urged, and we think with some show of reason, that the Medical Department of the Privy Council should, from time to time, furnish to out-ports a list of places "suspected" of cholera, in order that definite precautions may be taken, and commerce may not be unnecessarily obstructed.

INQUIRY AT MONKSEATON.

THE Local Government Board has already begun to do service in the matter of sanitary improvement. We read in the *Newcastle Daily Journal* that Mr. John T. Harrison, one of the inspectors of the Board, has held an inquiry at Monkseaton with regard to a nuisance complained of by the inhabitants at Whitley. It appeared that the inhabitants of Monkseaton had turned their sewage into a certain watercourse which passed through Whitley, and had thus created a dangerous nuisance. The facts were not disputed, and were in a nutshell; but there was a manifest tendency to convert the matter into a squabble between neighbouring townships, in which each would abuse the other and neither would be willing to give in. Mr. Harrison's clear statement of the law of the case, and of the duty of the Monkseaton people as the producers of the sewage, put a stop to feelings of this kind; and he acted, in point of fact, as a sort of arbitrator in the matter. The offenders promised to abate the nuisance immediately; and expressed their intention to utilise their sewage upon their land, and to send only purified water to the watercourse. There could be no better instance of the value of the intervention of the Board, or of the ease with which an impartial person may often settle a question that would smoulder for years between local authorities.

THE EDINBURGH MATERNITY.

THE directors of the Edinburgh Royal Maternity Hospital, in their annual report for 1870, express their satisfaction at the greatly improved condition of the institution. The wards are described as thoroughly clean and well ventilated, and the sanitary improvements effected by the directors have resulted in minimising the death-rate to a figure which they believe to be lower than in any other institution of the kind in the kingdom. From the re-opening of the hospital in October, 1869, to the 31st of December, 1870, there was only 1 death, showing a mortality of 1 in 223 mothers; and the death-rate among the infants was reduced, within the same period, from 1 in 5 births to 1 in 29. We may remark that at Colchester camp there is a small hut hospital used exclusively for lying-in women. From 1865 to October, 1870, 252 women have been confined without a single death. From inquiries made on the spot, it would seem that, exclusive of the above, more than 300 women had been confined without a death. According to the records of the Waterford Lying-in Hospital, as published in the *Dublin Quarterly Journal* for November, 1867, there was a period of six years in which 566 women were delivered without a death from any cause, and another of four years similarly favoured, during which 558 deliveries took place.

HOUSE LIFE IN GLASGOW.

IT is to be hoped that Lord Shaftesbury's visit to Glasgow will give fresh life to all the efforts that are necessary for ameliorating the domiciliary condition of the Glasgow population as described by Dr. Gairdner on the strength of the recent census. Dr. Gairdner estimates that 25,000 households, including both families and lodgers, are living in single apartments below the value of £4 10s., and therefore below the line of decency; health is out of the question. 25,000 more of the households must also be living to a great extent below the sanitary scale of mere decency. Dr. Gairdner, as often before, again points out the difference between the English idea of a house in which an occupier is responsible for the whole, and the Scotch idea, derived from the continent, according to which dozens or scores of families might inhabit a single tenement. The last census showed

that there were over ninety-three persons to every acre in Glasgow, which was more than double the density of London, three times that of Newcastle, and nearly eight times that of Leeds and Sheffield. The density of the population of Glasgow is only exceeded by that of Liverpool. Since 1831 the county of Argyle has lost a fourth of its population, which there is reason to believe has migrated into Glasgow. The problem of making the houses of Glasgow consistent with decency and the demands of health is a very serious one. We can only find satisfaction in thinking that Dr. Gairdner is the officer of health, and that he is supported by men like Bailie Watson.

POOR-LAW APPOINTMENTS AND HOMŒOPATHY.

THE guardians of Southampton are resolved to surpass themselves in making the Poor-law medical relief as inefficient as possible. It is said that, with a view of breaking down old-fashioned prejudices, they resolved to appoint a homœopathic adviser to the poor. Probably there was some notion of economy at the root of this very enlightened resolution. Be this as it may, the resolution has been carried into effect, and the paupers of the district have to trust, in their extremities of pain, or hæmorrhage, or other peril, to the homœopathic system, without being asked, and without the chance of an alternative if the globules should not give relief. It is to be hoped that the Local Government Board will refuse its sanction to a scheme which withholds what is generally regarded as medical help from the poor. Let the guardians ask how, in the extremities of disease and suffering, they would like to be treated on a system that is considered by scientific men as beneath contempt, without the opportunity of other advice. At any rate, let them know that by the poor and by the public they will be held responsible for the results.

THE MEDICAL DIRECTORY.

WE understand that the editors of the Medical Directory have, in a very commendable spirit, determined that no qualifications shall be inserted in the forthcoming edition which cannot be registered under the Medical Act. The returns which have been made to the editors during the past few weeks show a considerable increase in the number of foreign degrees obtained without residence; and as these confer no right to practise, and cannot be registered in this country, the editors have decided not to insert them. Actual registration is not a condition of insertion in the Medical Directory, but the qualifications must be such as the registrars would receive.

THE £1000 DONATIONS.

THE following additions have to be made to the list of monster donations published in our issue of the 2nd inst. The Great Northern Hospital has received three donations of £1000; the West London Hospital, Samaritan Free Hospital, and Victoria Hospital for Children, one each; and the British Hospital for Skin Diseases a second within the last few days. These raise the total number of donations to seventy-eight, and the total money-value of the big gifts which have come to the London hospitals within the last five years to £96,000.

THE Duchess Dowager of Northumberland, accompanied by the Duchess of Northumberland, visited the Prudhoe Memorial Convalescent Home, Whitley, Northumberland, on the 5th inst. Their Graces were received and conducted over the institution and grounds by Dr. Philipson, one of the honorary secretaries of the institution.

THERE are no less than twenty-six candidates for the office of medical officer of health for Islington, including many local practitioners, and several gentlemen, as Dr. Tidy, Dr. Corfield, and Mr. Haviland, who have made some special study of questions of public health. It is to be hoped that the vestry will be anxious only to elect the best man. Islington has a reputation to lose or maintain in the approaching election. We are threatened with grave epidemics; we are on the eve of great and important changes in sanitary legislation; and it is of more importance than ever that the different parts of London should have the best medical officers that can be had obtained.

THE people employed at Caprington Works recently waited upon Dr. Paxton, and presented him with a massive silver salver, in recognition of his long and valuable services as their medical officer. The salver, which is of solid silver and of the most chaste and elegant design and beautiful workmanship, bears the following inscription: "Presented to John Paxton, M.D., Kilmarnock, by the *employés* at Caprington Works, on the occasion of his retiring as their medical officer, after a faithful professional attendance of thirty-five years.—Caprington, 1871." We are sorry to hear that a recent severe illness has compelled Dr. Paxton to sever the tie which had so long and agreeably existed between the Caprington workers and himself.

THE present and future officers of the new Local Government Board may be congratulated on the appointment of Mr. J. Lambert, C.B., to the secretaryship. This gentleman, who commenced his "service" career as an inspector under the Poor-law Board, has been intimately associated with several very important national undertakings, and notably the Reform Bills introduced by Mr. Disraeli and Mr. Gladstone. The post of secretary to this Board will involve very weighty responsibilities, but we believe that in the matter of sanitary reform, Mr. Lambert is far more likely to oil than to clog the official wheels.

SMALL-POX seems to be on the increase in Belfast. According to the return of the Union Hospital for the week ending September 2nd, there were admitted into that institution 21 fresh cases—exactly twice as many as had been admitted during the previous five weeks. The mortality, however, is inconsiderable, averaging only one a week.

THE Naturforscher-Versammlung, which corresponds to our meeting of the British Association, is to be held this year at Rostock, and opens on the 18th inst. The last meeting was held at Innsbruck, in 1869; last year the war prevented the assembling of the Association.

A NORWEGIAN ship, the *Niord*, arrived off Portland on the 5th ult. with most of her crew helpless from scurvy. Six seamen were landed, four of whom were at once despatched by railway to the Seamen's Hospital at Greenwich, where they are all progressing favourably.

THE announcement that the cholera has appeared in Arabia amongst the pilgrims returning from Mecca, and may be expected to be carried to Damascus, is eminently unsatisfactory in view of the possible importation of the disease into this country.

IT is surprising that the various local authorities of the country should still be so ignorant of the actual powers conferred upon them by the Sanitary Act of 1866. At a recent meeting of the Macclesfield Board of Health, Alderman Carr very properly asked whether any provision was

likely to be made for the isolation of small-pox cases and the like. The question astounded and perplexed the mayor and the legal adviser of the board, who seemed to be wholly in the dark as to their duty and their ability to take any such steps against infectious diseases. We recommend the board to make itself acquainted with Mr. Simon's recent memorandum on the question of hospital accommodation to be provided by local authorities.

THE CAMPAIGN.

ALL accounts that have reached us agree in representing this autumnal campaign as a success so far as it has at present progressed. The method that has been adopted in regard to field hospitals is very much in principle that followed by the Prussians. With all that may be advanced in favour of the regimental hospital system, it cannot be doubted that it is unnecessarily cumbrous and expensive, that it entails great waste of power, and that it is scarcely adapted to the rapid movements of modern warfare. Three field hospitals, with the necessary establishment, equipment, and transport, have been attached to each division, and into these the sick of all corps in the field are received. These hospitals consist of the ordinary marquees, each of which is supposed to hold eighteen patients, and the hospital accommodation provided is about equal to 2 per cent. of the force. Every division has its principal medical officer, with the medical staff for the three field hospitals, in addition to the regimental medical officer accompanying each regiment and battery of artillery. The medical officers indent on the Control Department and the Apothecary to the Forces for all that they need for their hospitals, and the principal medical officer of the division has twenty ambulance waggons placed under his direction for general service of the division. The plan followed is that the regimental officer treats all trivial cases from the Medical Field Companion, forwarding those that cannot be so dealt with to the divisional field hospitals, from which they are, when requisite, transferred to the Aldershot fixed hospitals. The men are, as far as possible, treated on field rations, medical comforts being supplied to those patients in the field hospitals who require them. The entire medical and sanitary arrangements are under the *surveillance* of Inspector-General Lawson, and the orders that have been issued by him appear to us to lay down very clearly and definitely the duties of his various subordinates. The principal medical officer of each division has the entire management of all the medical arrangements, subject to the instructions of the general in command of the division, or the Inspector-General of Hospitals; and the officers and subordinates connected with the field hospitals, except the stewards and cooks of the Control Department, are under his orders. The number of non-commissioned officers and orderlies allowed to each field hospital seems ample for carrying on the work efficiently; but from all we can see and learn, the hospital staff will not be put to the severe strain of having to provide for a large number of sick, and, let us hope, for no men wounded in action! There have been remarkably few accidents. The only disease from which the troops have suffered hitherto has been diarrhœa, which has been somewhat prevalent. Its prevalence has been ascribed to different causes, and probably all the alleged causes have really been factors in its production—viz., variations in the weather, such as exposure to a "wetting" and the heat of the sun, and in some instances the impure quality of the drinking-water. The supply of water-carts with the second division is stated to have proved inadequate to the demands of the camp. The water-supply at Aldershot was, some time back, insufficient, and it is now probably barely enough. The authorities are to be congratulated on the fact that there is an absence of epidemic disease among the troops. The Control Department has strained all its powers with a view of proving that it can fulfil its functions, and, by all accounts, it has so far managed tolerably well. The *physique* and general appearance of the regular troops are excellent, and they seem to be in good spirits and temper. The appearance of the militia is not so good as might have been expected. To this there are of course numerous exceptions. Some of the volunteer corps are, as we heard it said, "made of the right stuff." Wherever there are streams or canals, fishing tackle is sure to be forthcoming; yet how the men manage to "forage out" the necessary materials for fishing must be a mystery to most people. There is one thing which could not, we think, fail to strike an observer—namely, the very inferior quality of the horses hired for transport purposes.

THE ROYAL ORTHOPÆDIC HOSPITAL.

A GREAT deal of painful interest in the Royal Orthopædic Hospital was excited by the published reports of the inquest held at that institution on the body of one of a number of in-patients who had recently died of diphtheria; and when it was made known that a special Court of the Governors was to be held to inquire into the circumstances which had been brought to light on that occasion, a considerable section of the contributors to the hospital and of the general public were led to expect that an institution which has long enjoyed such extensive and distinguished support would at once either clear itself of the imputations which had been cast upon it, or give some earnest to its numerous liberal supporters of the speedy removal of existing evils. It is impossible, however, not to feel that these very legitimate anticipations have been wofully disappointed. At the meeting in question a governor of the hospital proposed that an independent committee should be nominated to examine into the alleged mismanagement, and to inquire into the serious charges and countercharges which had been exchanged between the majority of the committee and the surgeons. This proposal seemed to have the approval of the meeting, until a member of the committee stated very emphatically, on behalf of himself and a majority of his colleagues, that if that motion were carried they would, from that moment, withdraw from all active share in the administration of the hospital. This appeared to bring matters to a dead lock, but at last an amendment was carried, which settled the point by electing a new committee of management. The unsatisfactory nature of this arrangement will be at once recognised when it is explained that the new committee comprises, almost to a man, the old *status quo* majority, and excludes every one of the obnoxious minority; the places of the latter being supplied by gentlemen who were selected with a special view to their working harmoniously with the re-elected old majority. To this body is now entrusted the inquiry into the alleged mismanagement, and into charges against themselves, the medical officers, and administrative officers whom they have already announced their determination to support; in short, having had the undivided control of the hospital during the period which has brought it into disrepute, they are about to sit in judgment on themselves and their nominees, and to adjudicate a bitter and painfully personal quarrel between themselves and the surgeons. However estimable these gentlemen may be in themselves, this arrangement cannot be satisfactory either to the public or to the bulk of the subscribers.

In spite of the mystery in which the affairs of the Royal Orthopædic Hospital are allowed to remain, a few things are certain; there exist faults of construction, faults of administration, faults of domestic management, and the nursing is deplorably bad in quality and deficient in quantity.

But there is more than this which it concerns the public to know. The Royal Orthopædic Hospital is supposed to have fifty beds, twenty-five of which are open to the poor gratuitously, and the other half to those who pay £10 for admission. At the present moment there are but eighteen free beds, and the occupants of the other beds are required to pay £10 *every six months*, upon which sums the secretary until quite recently, received a percentage. When we say that this official, in addition to a handsome salary, occupies with his family the whole of the premises facing Oxford-

street, so that the patients are confined entirely to the Hanover-square house; that, in the opinion of the medical staff, the matron is a person quite unfitted to superintend a hospital; and that during the last year the item of "salaries, wages, and poundage," rose to within £100 of the entire amount of the annual subscriptions, we think that there is special ground for demanding that some independent investigation should be made into the management of the hospital; and we could almost wish that the Chancellor of the Exchequer had succeeded in putting a tax upon charities if thereby a proper supervision of their management could have been secured.

We leave our readers to judge the committee's conclusion that the charges are "quite unfounded"; but with respect to the statement that "the death of the child was accelerated by want of proper nourishment," it is only fair to Dr. Bourne to state that the child received from him the most assiduous care, and that the statement is simply based upon the opinion of the matron.

THE CHOLERA.

THE PORT OF LONDON.

The Medical Department of the Privy Council appear at last to have stirred up the local authorities bordering the Thames to some purpose. A deputation waited on the President of the Local Government Board on Wednesday, to lay before him certain difficulties under which the authorities laboured in endeavouring to carry out efficiently the recommendations of the Privy Council. It was also urged that the Government should take the matter into their own hands, and not make the local authorities responsible for that which must benefit the entire population of the metropolis. Mr. Stansfeld discussed the matter very fully with the deputation, and said that the subject should receive his prompt and earnest attention. Two meetings of the sub-committee appointed by the local authorities have recently been held, at which three important resolutions were proposed and adopted: (1) To place a floating hospital at Gravesend for the reception of cases of cholera; (2) to obtain permission from the Metropolitan Asylums Board to send cases of cholera to the *Dreadnought* hospital-ship; (3) to appoint a medical adviser and superintendent, to conduct an inspection of the shipping lying in the river and the docks, and to inaugurate and carry out such hygienic arrangements as may be required. The Mayor of Gravesend and Dr. Letheby have made arrangements with the Government for the conveyance of the *Rhin*, now lying in the Medway, to moorings at Gravesend when required, and it is stated that she can be sent round in about twelve hours. The committee, in accordance with their resolution, have obtained leave from the Metropolitan Asylums Board to make use of the *Dreadnought* if required. There are still two districts (those of Rotherhithe and West Ham) the authorities of which object to unity of action, so that these districts will be compelled to provide for their own sick at their own cost. We hope to record next week that the port of London is at all events as well protected against the advance of cholera as the outposts, and hence that, practically, the piecemeal system of sanitary *surveillance*, against which we have so long protested, has ceased to exist.

It is satisfactory that the local authorities in the north-eastern ports of the kingdom are carrying out the precautionary measures lately inaugurated by Mr. N. Radcliffe. The Traffic Committee of the river Wear have appropriated three tiers of berths for vessels arriving with cases of cholera on board, and have appointed a deputy dockmaster to overlook them. A steam tug has been engaged at Cardiff by the Collector of Customs in order that all vessels arriving in Penarth Roads *en route* from continental ports may be inspected. The Newhaven and the Frith of Forth pilots have received special instructions to warn all vessels coming from the Baltic as to the quarantine regulations.

A fatal case of cholera is said to have occurred at the General Hospital, Hartlepool. The deceased was a seaman, belonging to the Hamburg steam-ship *Uhlenhorst*, named Johann Friederich Marchmann, aged fifty-one, a native of Altona. The steamer arrived in the bay on the 8th inst., and deceased was landed, suffering severely.

On Tuesday the Collector of Customs at Cardiff was enabled to prevent a vessel, on board which four men had died of Asiatic cholera, from entering the Cardiff Docks. The infected vessel is the United States ship *Loretto Fish*, Captain Walker E. Carney. She sailed from Hamburg, on her return voyage to Cardiff, on the 30th August last, being at the time in ballast. Scarcely had she left the port when two of her crew were seized with what is believed to have been a decided form of Asiatic cholera. Both the sufferers died on the same day as that on which they were seized. The day but one after—viz., on Friday, the 1st day of September, two other men died and were also buried at sea. The clothing of all these persons was thrown overboard. The vessel is at present lying in quarantine in the Penarth outer roads.

A total of 79 cases of cholera have recently occurred at Czimochorn, in Prussia, a village containing only 480 inhabitants.

The Quarantine Commission of New York have obtained two hulks from the United States Navy, and have moored them in the lower bay for the reception of cases of cholera.

Correspondence.

"Audi alteram partem."

POISONING BY THE LOCAL APPLICATION OF BICHLORIDE OF MERCURY.

To the Editor of THE LANCET.

SIR,—An account has been published in the London and provincial papers of an inquest held on the late Miss Harriett Fowler, whose death the verdict of the coroner's jury states was caused by poison from the application of a very strong preparation of bichloride of mercury made to the head and neck by Dr. Meeres, and the verdict adds that Dr. Meeres is very greatly to be blamed for having made the application. I should be glad to have the opportunity, through your columns, of laying the facts of this very melancholy case briefly before the profession.

The child was between nine and ten years of age, of a fresh complexion, and stoutly built.

August 21st.—She was brought to me with ringworm of the head (tinea tonsurans). She had also a few spots of tinea circinata about the face. The latter were not interfered with. I prescribed steel wine and the use of a lotion of carbolic acid, glycerine, and water, and desired that the head should be shaved. This comprises the whole treatment of the first week.

August 28th.—The disease seemed spreading, and I proposed, as a speedy cure, the application of bichloride of mercury, as recommended by Dr. Tilbury Fox (and here let me add that I have previously on several occasions used the mercurial caustic with success). With a small camel's-hair brush I applied the solution to each of the patches. A little of the solution was accidentally allowed to escape in the sulcus behind the left ear. No pain whatever was felt while the child remained in my room.

Monday evening.—There had been considerable pain. The painted surfaces were blistered, including the line behind the ear, and the subjacent scalp was tumid. There were also sharp diarrhœa and sickness. The vomited matter consisted of pieces of greengage or apricot. Water dressing applied to the head, and no medicine given.

Tuesday morning.—The child had passed a restless night, and was very prostrate. The bowels were relaxed, and everything except cold water induced sickness.

Tuesday evening.—Mr. Gore saw the patient with me. There were patches of blisters on the head. The face had a general puffy look, and the eyelids were œdematous. The saliva was running from the mouth, and the gums were swollen. We both saw only too plainly that salivation had commenced.

Wednesday morning.—The patient had taken very little nourishment, and was very prostrate. Saliva ran from the mouth. The parotid and submaxillary glands were con-

siderably swollen. Pain in opening the mouth. Tendency to looseness of the bowels and sickness.

Wednesday evening.—The submaxillary and parotid glands were more enlarged than in the morning. To allay restlessness and procure sleep, liq. morph. acet., 10 minims, was given, and directions left that the dose should be repeated in three or four hours if sleep was not induced.

Thursday morning.—The patient took the second dose of morphia, had passed a quiet night, and was rather drowsy. No further swelling about the face, and the diarrhœa and sickness had ceased. I requested that some coffee should be given at once, and the nourishment pressed as much as possible through the day.

Thursday evening.—I thought that the swelling of the parotid and submaxillary glands had subsided slightly. The patient was rather drowsy. She had taken during the day some essence of meat, milk, and brandy-and-water. On the whole I considered her better.

Friday morning.—The patient got out of bed unassisted and went to the night-stool. She remained out some minutes, and in attempting to get into bed she fainted, and although assistance was at hand, she did not rally. During the previous night she took nourishment better than she had done through the week.

No mercurial medicine was given by me or by anyone else throughout the treatment; and I fear it is indisputable that salivation was induced by one single application of the alcoholic solution of mercury. The child was, in fact, poisoned by the mineral. It is almost unnecessary to say that this very sad case has caused me the deepest sorrow—a sorrow that will never be altogether effaced. The practice of the profession is always attended with anxiety and uncertainty, but a calamity like the present is enough to crush a man in his work.—I am, Sir, yours &c.,

EDWARD E. MEERES, M.D.

Melksham, September 12th, 1871.

To the Editor of THE LANCET.

SIR,—Now that I have obtained a detailed account of the sad case of accidental poisoning by bichloride of mercury applied to the scalp by Dr. Meeres for the cure of a case of tinea tonsurans, I have no hesitation in saying that the verdict of the coroner's jury is atrociously unjust towards Dr. Meeres. At the same time I feel the deepest sympathy for the parents of the little child.

Dr. Meeres seems to have used the remedy with sufficient care, and he was not using it for the first time. It is clear to me that the patient was one of those who have an idiosyncrasy against mercury. We all know that a single dose of blue pill or calomel will occasionally produce the very gravest symptoms in certain persons. I must admit that the mercurial was actually absorbed in the present instance. The remedy is not mine at all. It was used before I was born, but it is described with other formulæ in one of my works. But I have used it very freely and extensively for about thirteen years, and have never seen its application followed by a single evil consequence in any case. When I published the first edition of my work on "Parasitic Diseases of the Skin," in 1861, I had already used the remedy a long time, and it was on the strength of my experience that I then approved it. I have had since that time ten years' more acquaintance with its action. It is true I do not use the remedy now, but that is solely because I like other things better. I contend that my very large acquaintance with the remedy proves that in Dr. Meeres' case there must have been some very exceptional circumstance operating, and that I feel sure was idiosyncrasy; and, as far as I can see, no foresight on his part could have appreciated this.—I am, Sir, your obedient servant,

TILBURY FOX, M.D., F.R.C.P.

Sackville-street, W., Sept. 12th, 1871.

A QUESTION OF MEDICO-LEGAL RESPONSIBILITY.

To the Editor of THE LANCET.

SIR,—In your edition of September 2nd, you give a leading article commenting upon the inquest recently held at Kingsland, near Leominster, and pass censure upon us, the medical witnesses at this inquest, in the two following sentences:—

(1) "We have nothing to do with the coroner, who is amenable to a much higher authority than ourselves, but we must express our great regret that two medical men should have acted in the way they did. We have no doubt they were actuated by the best intentions; but what, we ask, was more likely to bring about the melancholy result which followed than the method they pursued? To go to the house in the absence of its master, to communicate directly with the object of suspicion, and then to keep watch over their patient, was not the conduct we should have looked for in two educated gentlemen."

(2) "We think, moreover, that it is very undesirable that medical men should, in any way, lend themselves to police requirements."

Now, Sir, this commentary by you is written, of course, upon the perusal of a newspaper report only of the proceedings; and we think it alike unjust and injurious towards us, and wanting in the high tone and useful purpose that would be more becoming in the editor of so leading a medical journal. In reply, therefore, to your remarks, allow us to make comment, and to correct you as to some of the facts in this most painful case.

As to the question raised whether a coroner in cases of suspected infanticide and concealment of birth has authority to order the physical examination of a woman upon whom grave suspicion has been thrown, or has not this authority, we know not; but of course we acted upon the presumption that the coroner knew the law and the duties and powers which it imposed upon him; and we acted under the impression that we were, *sub-pœna*, bound to obey his precept to us, otherwise we should have most gladly declined so anxious and painful a duty.

We were neither desirous nor pleased "*to lend ourselves to police requirements*" excepting so far as orderly and good citizens should do so.

Allow us now, Sir, to correct you in your assumed facts. Before we went to the rectory-house, we were made aware by the coroner that the suspected lady was *in charge of the police*, and that the master of the house—viz., the rector of the parish—had been *personally informed by the coroner* of the grave suspicions laid before him, and which suspicions necessitated that he (the coroner) should order a medical examination to be made of his sister. The rector wished a full inquiry to be prosecuted, and expressed his desire to throw no obstacle in the way of the coroner's painful duty; he also took upon himself to inform and prepare his sister for the medical visit and its purpose; and he returned home after his interview with the coroner and saw his sister, and then left home for Hereford for the day, of his own act and purpose.

Mr. Barnett was desired, by written order of the coroner, to undertake the examination of this poor lady, and *at Mr. B.'s request* the rector's medical attendant, Mr. Chattaway, *was associated with him in the order given.*

On our arrival at the house, Mr. Chattaway (who was known to the lady, and who had been consulted professionally by her only three days previously) requested an interview with his patient, who was then up-stairs in her bed-room. This was refused through the servant, and Mr. Chattaway then himself solicited an interview, speaking through the closed bedroom door; but the only reply we could get was, that she could not see us until her brother's return at three o'clock, and we then decided to patiently wait until this hour.

There was only one maid-servant kept in the house, and she had herself voluntarily (as well as through a sister) expressed her desire to be cleared of all suspicion by submitting herself to a medical examination; but no examination was made or requested by us.

We kept no watch over the poor lady, as you say we did, but patiently awaited the expected return of the brother at three o'clock.

In further comment, we may say that a well-known and leading solicitor in this county was present at the inquest on behalf of the family involved, and he raised no question as to the coroner's proceedings.

Since the inquest we have seen the coroner, and also the written opinion of a coroner of twenty-eight years' standing, and both these gentlemen concur in saying that they have power to order such examinations where grave sus-

picion exists, and when by no other means can the truth be elicited or their duty fulfilled.

Now, Sir, instead of wafting your blame and censure, so easily and readily, through the press, we think you would benefit us and our professional brethren more if you would give us some "sound legal authority" to go upon in safely refusing to act upon a coroner's precept when we are called upon to perform such anxious, distasteful, and painful duties. We feel confident that the majority of the profession would gladly disobey, and set at nought, not only coroners', but police and magisterial summonses, if they could do so legally, seeing that the duties required of us are generally painful and responsible ones—the examination as a witness, frequently an insolent one, and the payment awarded signally small and inadequate.

We are told that by Act 6 and 7 of William IV., chap. 89, section 6, penalties and fines are imposeable upon medical practitioners refusing to give evidence and to obey coroners' mandates.

In common justice to us we request your insertion of this our vindication in your next number, and

We beg to remain yours faithfully,

SAMUEL BARNETT,
Leominster.

ALLEN G. CHATTAWAY,
Kingsland, near Leominster.

P.S.—If, in similar cases to this, medical, exact evidence cannot be obtained by law, in how few cases will any chance of detection exist. And it would be better that infanticide and concealment of birth should no longer be by statute punishable crimes than that detection and justice should often miscarry. In this case the establishment of foundling hospitals in each county as national institutions would probably save poor victimised mothers from crime and inhumanity, and prove protective to infant life.

*** We are happy to give publicity to Messrs. Barnett and Chattaway's explanation; but we adhere to our former opinion, that they were not justified in the proceeding they, in perfect innocence, undertook. The Act of William IV. has no bearing on the case, for it refers only to evidence relating to making a post-mortem examination upon a dead body, and the refusal of a medical man to make such examination. There is no power given in that Act (or any other that we can discover) to any coroner or magistrate to order the forcible examination of any woman, and such examination has been proved to be illegal by the recovery of damages at Hitchin in a similar case two years ago. No coroner, even of twenty-eight years' standing, can order the performance of an illegal act, and, if he does so, refusal is clearly justifiable.—ED. L.

THE SYME TESTIMONIAL.

To the Editor of THE LANCET.

SIR,—The bust of the late Mr. Syme being now completed, it is proposed to have some copies of it made in statuary porcelain. These copies will be one foot in height, and should one hundred be ordered, they can be made at a cost of one guinea each. Before making arrangements for the preparation of these small busts, I shall be glad to receive the names of any gentlemen who may wish to have one.

I am, Sir, yours obediently,

THOMAS ANNANDALE.

34, Charlotte-square, Edinburgh, Sept. 8th, 1871.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

THE health of Paris is much the same as was pointed out by the sanitary bulletins which I sent you a fortnight ago. Diseases of the alimentary canal are still very prevalent; and, as is usual at this time of the year, cases of diarrhœa and dysentery are common. The municipal bulletin of deaths published for the week ending September 2nd, mentions 36 cases of cholerine, and 4 of cholera; whilst the one for the week ending September 7th reports 40 cases of cholerine, and only 2 of cholera. The cases alluded to are of course sporadic. Until now no signs of epidemic or Asiatic cholera have made their appearance. At the last sitting of the Academy of Medicine, M. Fauvel, Chief Inspector of the Sanitary Service in France, took a very favourable view of the present state of things, and after comparing the present condition of health with preceding years, when the approach of an epidemic was not to be apprehended, he concluded that there was nothing in the present "medical constitution" of Paris to justify the fear of an approaching outbreak of cholera. The weather has been rainy for the last few days. The temperature has fallen much, and the evenings and mornings are positively bleak.

The French Government has just appointed the committee to supervise the proceedings of the Assistance Publique, that immense and complicated administration which governs all the hospitals and hospices of Paris. Among the newly appointed councillors are to be noticed five medical men (out of a total number of seventeen councillors)—namely, Professors Wurtz and Bouchardat, of the Paris Faculty; M. Tréiat, Town Councillor, and surgeon to St. Louis; M. Alphonse Guérin, of St. Louis; and Dr. Moissenet, of the Hôtel Dieu.

The committee which had been appointed by the National Assembly at Versailles to decide the much vexed question of the removal of the Strasburg School of Medicine to Nancy, has just published its report. M. Bouisson, Dean of the Faculty of Montpellier, and the mouthpiece of the committee, states that they have come to the conclusion that for the time being no change can be made in regard to the Strasburg faculty, as it would prejudice many important determinations touching the liberty of teaching, educational reform, and other kindred points which are now awaiting a new legislature. The towns of Nancy, Lyons, and Rouen, which had put forward their claims to the succession of Strasburg, must therefore lay by for the time being their rival pretensions, and abide the decision of the Chambers concerning the more general question of educational reform.

Garibaldi has now almost completely recovered from his recent sufferings (rheumatic pains), and is now able to go out on horseback and resume his ordinary occupations.

A Society of Anthropology has been instituted at Florence, with Prof. Paul Mantegazza as president.

The Faculty of Moscow has finally determined to admit ladies to attend the lectures on medicine, and graduate at the University after having undergone the necessary examinations. They have found it impossible, however, to institute separate lectures and provide distinct class-rooms for the female students, so that both sexes will intermingle in the general class-rooms. The Council of the University of Moscow have confirmed these views of the School of Medicine, so that the question may now be considered as having been finally decided in favour of the ladies.

The President of the French Medical Association has just issued a circular to all the local societies, announcing an extraordinary meeting for next month. Amongst the questions (touching upon internal arrangements) which are to be discussed, is "the possibility of keeping up their connexion with the three Societies of Alsatia and Lorraine."

Paris, September 12th, 1871.

Obituary.

HENRY HYDE SALTER, M.D., F.R.S.

DR. HYDE SALTER, whose death, after a tedious illness, occurred in Harley-street on August 31st, was the second son of the late Thomas Salter, F.R.C.S., the well-known surgeon of Poole, in Dorsetshire, and was born in 1823. Educated under the eye of a father who, notwithstanding the cares of a large and wide-spread practice, found time to labour successfully in the paths of science, Hyde Salter and his brothers enjoyed unusual opportunities for learning their profession, and he himself attributed all his after-success in life to the example and precept of his father.

In 1844, Dr. Salter matriculated at the University of London, and entered the General Literature Department of King's College, having already attained such an amount of medical information as to be able to compete successfully for the prize of the King's College Medical Society while yet a student in Arts. This prize was for an essay the subject of which was the diseases of the valves of the heart. After two years' successful study in Arts he took his B.A. degree in 1846, and at once passed into the medical department of King's College. Here he devoted all his powers to his work, and was successful in gaining the first of the junior medical scholarships at the end of his first winter, Mr. John Wood, the present Professor of Surgery in King's College, standing second on this occasion, but wresting the second year's scholarship from Salter in the following year. Dr. Salter gained other distinctions during his student career, and in 1849 was appointed, with Mr. Wood, Assistant-Demonstrator of Anatomy, both gentlemen succeeding to the post of Demonstrator in 1851, on the resignation of Dr. Brinton. In the same year Salter took the degree of Doctor of Medicine of the University of London, and shortly afterwards became a member of the College of Physicians, of which he was elected a Fellow in 1856, being the youngest Fellow of the College, as he was of the Royal Society, to which he was shortly afterwards elected.

In addition to his college work, he laboured assiduously at the hospital, and in the summer of 1851 filled the office of house-physician to King's College Hospital, during which time he took copious, almost verbatim, notes of Dr. Todd's clinical lectures, from which the first volume of that physician's well-known work was printed. In the autumn of 1851 Dr. Salter established himself in Montague-street, Russell-square, where his house became a favourite one for the residence of King's College pupils; and about the same time he succeeded Dr. Johnson as physician to the Carey-street Dispensary—one of the few charities at which the services of the medical officers are remunerated. At this period he also became sub-editor of Todd's Cyclopædia of Anatomy and Physiology, the last two volumes of which passed through his hands. Besides editorial labour, he contributed the articles "Pancreas" and "Tongue," the latter of which contains much original investigation on the arrangement of the muscular fibres of the organ, and is illustrated by numerous drawings from the author's pencil. Dr. Salter also assisted in the completion of Todd and Bowman's Physiological Anatomy, the second volume of which is illustrated by many of his drawings. Not unnaturally, therefore, Dr. Salter was regarded as a likely candidate for the Chair of Physiology when vacated by Dr. Todd; but the Council of King's College having decided otherwise, he turned his attention elsewhere, and in 1854 was appointed Lecturer on Physiology at the Charing-cross Hospital, to which he became Assistant-Physician in the following year. He held the Chair of Physiology for twelve years with the greatest benefit to the school, and then succeeded to the lectureship on Medicine, becoming in 1866 Physician to the hospital on the retirement of Dr. Wiltshire.

Salter had himself been a sufferer from asthma, and early in his career he turned his attention specially to chest disorders, and began to collect materials for a work on his own malady. His work on Asthma was published in 1860, and was generally recognised as the best authority upon the subject, rapidly passing into a second edition. Besides various papers in these columns, and those of our contemporaries, bearing more or less on the subject of asthma, Dr. Salter has, during the last two years, published in THE LANCET a series of clinical lectures which have added to his reputation, and would doubtless have largely increased his practice had not his health given way in the spring. Though prostrate in body, his mind during the last four months was as clear as ever, and he took pleasure in correcting the manuscript of lectures of which he might not live to see the publication. During the same period also the sheets of his article on Asthma in vol. 3 of Reynolds's System of Medicine, were passing through the press under his own superintendence.

Painstaking as a teacher, and endowed with considerable command of language and great readiness in illustrative drawing, Dr. Salter was always popular with his class, and the slight hesitancy in the utterance of certain consonants which his contemporaries at King's College will remember, had from practice completely disappeared in later life. Energetic and assiduous as a practitioner, he gained the confidence of his patients and of those whom he met in consultation, and having always the higher objects of the profession in view, he never descended to those lower arts of attracting clients by which the practice of some physicians has been disgraced. A man of strong affections and of genial temperament, he was beloved by all who were intimate with him, and, as a practising, and not merely professing Christian, he set an example to those with whom he was brought in contact. Meeting death with all the calmness of a Christian philosopher, he left behind him a good name, and will live in the memories not only of his devoted wife and family, but of many others, for it may be truly said of him—*multis ille bonis flebilis occidit.*

Medical News.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Aug. 31st and Sept. 7th:—

Blok, Moses, New Burlington-street.
Day, Gordon Cleghorn, Bridport.
Jessopp, John, Felix Pelham, Herts.
Raines, Charles, Hull.
Rendall, William, Maiden Newton, Dorset.
Turner, Horace, Middlesex Hospital.

On the same days the following gentlemen passed their first professional examination:—

John Batley Bradbury, Leeds School of Medicine; Luther Emmson, University College; Frank Greaves, Middlesex Hospital; Montague H. C. Palmer and Gilbert William Northey, St. Thomas's; Joseph Ward, Queen's College, Birmingham; Ambrose Lewis Davies, St. Mary's.

ST. THOMAS'S HOSPITAL, Albert Embankment, Westminster-bridge, S.E.—We are requested to state that this hospital is now open for the reception of patients.

AT a Sheriff's Court held at Winslow, Bucks, R. De'Ath, Esq., of Buckingham, was elected coroner for the northern division of the county of Bucks.

CHARLESTON, U.S., has been visited by yellow fever. Since the 27th of July the Medical Society of that city have announced thirty-five cases, and nine deaths in four weeks.

THE "HATTON" LIFE-BOAT.—Mrs. Hatton, the widow of Dr. Hatton, formerly of Manchester, has given, in memory of her husband, at a cost of £680, a life boat, with its equipments and boathouse, to New Romney.

THE scientific examination of Mr. Grote's head, which has been made by Prof. Marshall, has revealed the fact that the brain of the deceased historian was remarkably small. It is said, however, to have been rich in convolutions.

To perpetuate the memory of a legacy of £46,000, left to University College Hospital by one of his patients (the late Mr. Yates), Dr. Hare, who was formerly one of the physicians of the hospital, has erected a marble tablet in one of the wards. Baron de Triqueti was the sculptor employed.

THE adulteration of food in Liverpool has attracted the attention of the Town Council, by whom a resolution has been passed instructing the Health Committee to report upon the necessity for a borough analyst, who shall take active measures for the detection of offending tradesmen.

MEDICO-CHIRURGICAL SOCIETY OF GLASGOW.—At the meeting of this Society, held in the Hall of the Faculty of Physicians and Surgeons, on Friday, September 1st, the following were elected office-bearers for the ensuing session—viz.:—President: Dr. James Adams. Vice-Presidents: Dr. James Stewart and Dr. Geo. Buchanan. Council: Mr. Torrance (Airdrie), Dr. H. Thomson, Dr. James Gray, Mr. Robert Grieve, Mr. J. Pollock (Mearns), Dr. R. Renfrew, Dr. George Miller, Dr. T. D. Buchanan. Secretaries: Drs. Robert Perry and Alexander Robertson. Treasurer: Dr. H. R. Howatt.

Medical Appointments.

PENTON, G., M.R.C.S.E., has been appointed Medical Officer for District D of the St. George, Hanover-square, Union, vice J. White, M.R.C.S.E., deceased.

GREENHOW, E. H., M.D., F.R.C.P.L., F.R.S., has been appointed a Physician to, and Lecturer on the Practice of Medicine at, the Middlesex Hospital, vice C. Murchison, M.D., F.R.C.P.L., appointed a Physician to St. Thomas's Hospital.

HARSTON, A. D., F.R.C.S.E., has been appointed Medical Officer for the Northern District Post-office, Islington, vice W. G. Tiley, M.R.C.S.E., resigned.

JEFFERISS, W. R. S., M.B., C.M., L.R.C.P.Ed., L.R.C.S.Ed., late Medical Officer for the Penderyn and Rhigos Districts of the Merthyr Tydfil Union, has been appointed Resident Medical Officer at the Landore Siemens-Steel Company's new Works.

MORRIS, H., M.B., L.R.C.P.L., M.R.C.S.E., has been appointed an Assistant-Surgeon to, and Joint Lecturer on Pathology and Teacher of Bandaging and Minor Surgery at, the Middlesex Hospital, vice H. Arnott, F.R.C.S.E., appointed an Assistant-Surgeon to St. Thomas's Hospital.

OAKMAN, J., M.R.C.S.E., has been appointed Medical Officer of Health for the Western Division of Battersea, vice Dr. Connor, resigned.

OWEN, Mr. A. W., has been appointed Resident Obstetrical Officer at Charing-cross Hospital, vice S. S. Noakes, M.R.C.S.E., resigned.

POPHAM, T., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Cliffony Division of the Carney Dispensary District of the Sligo Union.

ROGERS, R. J., M.R.C.S.E., has been appointed Surgeon to the Brighton Police, and Examiner of Lunatics for the Borough Magistrates, vice H. Penfold, M.R.C.S.E., resigned.

SHIPMAN, G. W., L.R.C.P.L., M.R.C.S.E., has been appointed Medical Officer for the Grantham District of the Great Northern Railway, vice R. Shipman, F.R.C.S.E. deceased.

WOODWARD, E., L.R.C.P.E., M.R.C.S.E., has been appointed Inspector of Army Recruits for King's Lynn and District, Medical Inspector of Merchant Seamen for the Port of King's Lynn, and Surgeon to the King's Lynn Union House and Infirmary, vice T. M. Kendall, F.R.C.S.E., deceased.

Births, Marriages, and Deaths.

BIRTHS.

DRYLAND.—On the 7th inst., at Kettering, the wife of John Winter Dryland, M.R.C.S.E., of a daughter.

EDMONDS.—On the 5th inst., at Southampton-street, Camberwell, the wife of Chas. Geo. Edmonds, L.R.C.P.L., M.R.C.S.E., of a daughter.

EDYE.—On the 24th ult., at Exeter, the wife of Stonard Edye, F.R.C.S.E., of a son.

LYDALL.—On the 9th inst., at Mecklenburgh-square, the wife of Dr. Wykeham H. Lydall, of a son.

PALK.—On the 11th inst., at Southampton, the wife of Henry Palk, M.D., of a son.

THOMPSON.—On the 3rd inst., the wife of Dr. Thompson, of Oakley-square, Camden-town, of a daughter.

MARRIAGES.

HENDERSON—BROCKLEHURST.—On the 30th ult., at St. Mary's, Grassendale, near Liverpool, Colin Henderson, M.A., L.R.C.P.Ed., L.R.C.S.Ed., of Chester, to Mary Jane, only daughter of the late Geo. Brocklehurst, Esq., of Liverpool.

JAY—LUPTON.—On the 11th ult., at Scalby, near Scarborough, Frederick Fitzherbert Jay, L.R.C.P.L., M.R.C.S.E., of Scarborough, to Martha Eliza, widow of the late William Lupton, Esq., of Leeds.

MAFFEY—HARRISON.—On the 29th ult., at the Cathedral Church, Ripon, John Maffey, L.R.C.P.Ed., L.R.C.S.Ed., of Southgate House, Wakefield, to Annie, eldest daughter of the late Wm. Harrison, Esq., of Ripon.

RHODES—RUSSEN.—On the 29th ult., J. Wemyss Rhodes, M.D., C.M., of Upper Brook-street, Manchester, to Emma, second daughter of James Russen, Esq., of Melbourne House, Rusholme, Manchester.

ROBERTS—CLARKSON.—On the 6th inst., at S. James's Episcopal Church, Edinburgh, George Ogilvy Roberts, L.R.C.P.Ed., L.R.C.S.Ed., to Mary Burnet, daughter of James B. Clarkson, Esq., of Avenel, Merchiston.

SLADE—CHEESMAN.—On the 3rd inst., at St. Pancras Church, Robert Slade, M.R.C.S.E., of Puddletown, Dorset, to Eliza, second daughter of the late John Cheesman, Esq., of Brighton.—No Cards.

SMITH—WEBB.—On the 6th inst., at St. James's Church, Wollaston, Stourbridge, Samuel Wade aff Smith, M.D., of Pershore, second surviving son of Benjamin Smith, Esq., of Tan-y-graig, Carnarvon, to Sarah Elizabeth, eldest daughter of the late Thos. Webb, Esq., J.P., of Stourbridge.

WHIDBORNE—GERVIS.—On the 6th inst., at St. Sidwell's, Exeter, George Herbert Whidborne, M.R.C.S.E., of Crediton, to Alice Burne, youngest daughter of the late Henry Gervis, Solicitor, of Thorverton, Devon.—No Cards.

DEATHS.

BALL.—On the 26th ult., John Ball, M.R.C.S.E., of Walker-street, Liverpool, aged 69.

COOPER.—On the 23rd of July, on board the S.S. "France," between Liverpool and New York, Wm. H. Cooper, M.R.C.S.E., formerly of Burton-terrace, York, aged 32.

FORD.—On the 5th inst., James H. Ford, M.R.C.S.E., of Grays, Essex, aged 67.

HALL.—On the 29th ult., at Jasmine Cottage, Swinton, near Nottingham, Sarah, sister of the late Dr. Marshall Hall, in her 86th year.

IRVINE.—On the 8th ult., on board the Steamer "Germany," four days' sail from Liverpool, John W. Irvine, M.D., of Liverpool.

PLATT.—On the 31st ult., Robert Platt, M.R.C.S.E., L.R.C.P.Ed., L.M., of Pontllyddan, aged 29.

PRATT.—On the 2nd inst., at Hurst, Berks, Dr. Henry Combridge Pratt, aged 24.

Notes, Short Comments, and Answers to Correspondents.

A NEW POOR-LAW QUALIFICATION.

OUR attention has been called to a recent Poor-law election in the parish of St. Margaret's, Westminster, the guardians of which parish appended a novel condition to the post of medical officer—viz, that "candidates must be between thirty and forty-five years of age." Now, it has hitherto always been held that legal qualifications and registration according to the Act of 1858 were the only necessary requirements for holding a parochial medical appointment; and we question the legality of any limit in regard to age, which has the appearance of having been introduced in order to favour or disqualify certain individuals. If the rule of excluding gentlemen below the age of thirty from Poor-law appointments were to be adopted, there would not only be great injustice done to the younger members of the profession, but a great many of the present holders of such appointments would be disqualified. We can understand a limit being placed on the age beyond which a parochial appointment should not be held; but why an active young man should be disqualified passes our comprehension.

Masonicus should communicate the facts to the hospital physician, and ask him to be much more careful in expressing hasty opinions unfavourable to medical men. The patient must know the true explanation of the *prolapsus*. Our correspondent has at any rate the satisfaction of being right—of having the *mens conscia recti*.

A Constant Reader of THE LANCET.—A M.R.C.S. Eng. cannot recover in medical cases. A medical qualification is not requisite, we are sorry to say, for midwifery practice.

Dr. J. Wilkie Burnam's paper and communication have been received.

ST. THOMAS'S HOSPITAL AND ITS HOUSE-SURGEONS.

To the Editor of THE LANCET.

SIR,—Being an old house-surgeon of St. Thomas's Hospital, and having the interests of the school thoroughly at heart, I have been deeply grieved to hear of the ill-judged and unfortunate arrangements made by the hospital authorities for the accommodation of the house-surgeons at the new building. Students about to enter a London hospital are generally recommended to some particular institution by a medical relative or friend, who, of course, knows and takes into consideration the advantages offered by the different hospitals. What are the advantages offered at St. Thomas's? A good student who has brains, and will work hard, may aspire to become house-surgeon. This post is awarded at St. Thomas's to the most meritorious student after a competitive examination, in which certainly not more than one in ten can be successful. In what manner is this *gentleman*, who has taken a high place in his school, and who is necessarily a fully qualified surgeon, treated? He is, I am informed, to be allowed to live at the top of the building in a single room; no sitting-room in which to have a quiet pipe or a little rest during a half hour snatched from his duties, which are not light; no choice between the bed-room, in which he sleeps when he is not disturbed, and the common dining-room. I know from experience that men like a little quiet when tired out, and prefer to sit in their own room, if it be only a bed-room, rather than in a general one; besides there are letters to be written, and perhaps some reading to be done. It is very hard that educated gentlemen should have to use their bed-room for these purposes, or that when receiving visits from friends they should have the shame of feeling that whilst they are not allowed to leave the hospital if on duty, yet they can only invite their visitor, possibly a female relative, to their sleeping apartment.

At the temporary hospital the house-surgeons, myself included, cheerfully put up with this accommodation; our shut-up bedstead was closed in the morning to air itself in its case, and we lived in the same room night and day. The result to our health was not satisfactory; but, although the resident apothecary and matron had each a large house, we thought that our little place, crowded as it was with house-surgeons, resident accoucheurs, dressers, &c., was perhaps the most convenient they could give us. To find that the same thing is to be repeated in the new building brings us the disheartening reflection that not only did my colleagues and myself suffer in vain, but that by our patience we have done wrong to those who are taking our places. I cannot think this scanty accommodation can be necessary at the new hospital on the score of insufficient room, as I am told that the apothecary, whose duties are limited to the dispensing, is to have a house with fifteen rooms, and will be able to take in several pupils. This statement seems incredible; but I have it on good authority.

I trust you may have some influence to alter this arrangement, or that, if not, public opinion may be brought to bear on the matter. I enclose my card, and remain,

Your obedient servant,

September 4th, 1871. F.R.C.S.

Mr. Charles Swinn.—According to the very careful investigations of Dr. Beddoe—to whose work "On the Stature and Bulk of Man in the British Isles" (Asher and Co., Bedford-street, Covent-garden) we beg to refer our correspondent for a large amount of most valuable statistics on the point,—the average height of Englishmen is between 5 ft. 6 in. and 5 ft. 7 in. We do not know of any observation bearing on the height of Englishwomen.

A Sufferer is informed that the papers referred to have not been published in a separate form; but they can be read in our columns.

F.R.C.S.E., (Peebles.)—We do not believe that the gentleman named knew anything about the insertion of the paragraph, which is probably to be ascribed to some injudicious friend.

Mr. James Parkes.—Four years' professional study does not give any validity to a foreign diploma or degree.

FOOTSORENESS.

WE perceive that Inspector-General Lawson, with a view of obviating the ineffectiveness resulting from soldiers getting their feet blistered by marching, has directed that medical officers are to apply to their commanding officers to have every man suffering in this manner taken at evening parade to the medical officer, who should cause him to wash his feet, and then to pass a needle with a worsted thread through each blister, cutting off the thread a little distance outside the blister at each side, and leaving a portion in it. The part is then to be rubbed with common soap, the sock put on, and wetted over all prominent points, and the soap again rubbed over them freely. When properly attended to, no man should be unable to march the following day on account of blistered feet, unless the cuticle has actually been removed, leaving a raw surface exposed.

Mr. C. E. Morgan will oblige by sending the notes of the cases.

HOSPITAL PROVISION FOR CONTAGIOUS EPIDEMIC DISEASE.

To the Editor of THE LANCET.

SIR,—The writer of the article on this subject in your issue of Sept. 2nd would appear to be in error in his statement that the Royal Sanitary Commission had reported generally in favour of the union of sanitary and destitution authorities. So far as I have understood the Report, this is only proposed in the case of rural districts which have no responsible sanitary authorities at present existing, or no other representative board besides the board of guardians, which exists everywhere (*vide* vol. i., p. 24; and resolution 8, p. 171). In the case of towns and boroughs having a town council, or of other districts having a local board or improvement commissioners, it is distinctly admitted that these are the authorities on whom should devolve *all* sanitary duties, and I am not aware that it is anywhere proposed that that they should also undertake the relief of the poor. The two dissimilar duties are only proposed to be vested in the guardians in the former case, for the very intelligible and satisfactory reason that the creation of a new board in these districts would occasion unnecessary expense and inconvenience. This being the case (and I deed apart altogether from the Report of the Royal Sanitary Commission), the opinion expressed in your article, that the provision of hospital accommodation for cases of contagious epidemic disease should everywhere be entrusted to the destitution authority (or boards of guardians), is open to grave animadversion. The great necessity of entrusting *all* sanitary duties to *one* authority is repeatedly insisted on in the Report, and everyone will readily concur in the desirableness of this. Why such an important part of them as that we have under consideration should be separated from the rest, to be handed over to another authority altogether, is hard to understand, and unless specially good reasons can be given for it the proposal ought to be condemned. Now, the reasons given in your article appear to me singularly inconclusive. To say that, because epidemics usually begin among the pauper class, the boards of guardians should provide accommodation for all classes of sufferers, is equivalent to saying that they should also undertake almost every description of sanitary work. To say that, because they have already a staff of medical officers, nurses, and inspectors, as well as hospital accommodation, bedding, &c., they should be saddled with that part of sanitary work in which all these are required, is equivalent to saying that they must keep a supply of them large enough for their own requirements and the requirements of others. Not only, however, are the reasons why the guardians of the poor should have this duty assigned to them very insufficient, but there are numerous reasons why they should not. I shall not allude to the obvious confusion which would result in the carrying out of the scheme, nor to the misunderstanding, collisions, and inharmonious working it would be so apt to occasion in the case of boroughs with a town council and officer of health. These objections are patent enough, and are part of the reasons why all work of one description should devolve on one authority. But it seems to me, Sir, that our conceptions regarding this matter of hospital accommodation as a part of sanitary duty require to be invigorated and enlarged. The general public, and medical men as well, have, by the British system of munificence in the provision of hospitals of every description, lost sight of the essential difference between cases of contagious and of general disease. The treatment of the former in hospital is desirable, not so much for the sake of the patient as of the general community; while the treatment of the latter in hospital is desirable almost solely for his own sake, and may, therefore, be considered the legitimate province of private beneficence. This has been overlooked, and the consequence is that to-day the greatest difficulty exists in stirring up responsible authorities to see their duty as regards the limitation of contagious disease by the operation of seclusion in special hospitals. It appears to me that, fevers being so contagious, and their spread at the same time so much under control by seclusion of original cases, authorities, whoever they may be, ought to exercise a continual supervision over all parts of their districts; and that in the case of any contagious disease making its appearance, all classes of the community ought to be encouraged to make use of specially provided fever hospitals if any doubt existed as to their ability to limit the spread of infection. It would be understood that, if in circumstances to afford it, they must bear the expense of the maintenance of their cases, and have the attendance of their own medical man. It is only by some such means as this that any real impression can be made on our fearful death-rate from fevers. Now, for boards of guardians to have this work given to them would be so much as to say that the independent labouring classes should not be admitted to these hospitals; for while in many instances they would only consent to give up their cases on the condition that they would be put to no expense, and thus suffer in their morale, many others would shrink from anything which seemed to bring them in contact with the workhouse. All this would be avoided if town councils and such bodies had a clear perception of their duty in regard of this matter, and took means to diffuse a more intelligent opinion among the public. Everything would depend on the ability displayed in the management of details; but I am sanguine enough to think that we shall not have long to wait before something effective is achieved in this direction. I greatly fear that the advocacy by the medical press of so illogical and inefficient a measure as that I am finding fault with must seriously mar any such prospects. Boards of guardians exist for one specific purpose—eleemosynary supply,—and have no more connexion with sanitary work than a bench of magistrates, who exist for the administration of justice.

I am, Sir, yours, &c.,

Manchester, September 11th, 1871. JAMES HARDIE.

BRIBES TO NURSES.

A Young Surgeon naturally complains that it is a practice in his neighbourhood for practitioners to give to nurses the shilling of a guinea fee. Still worse, he says that all the medical men in his neighbourhood give the nurses a percentage for cases brought to them. He knows one surgeon who gives 2s. 6d. or 5s. to the nurses according to the fee. The giving of the shilling of the guinea fee is unreasonable and unprofessional, though, if the practice is general, our correspondent is not responsible for it. The percentage to nurses is utterly unjustifiable, and we advise our correspondent to withhold his sanction from a practice so alien to the professional mind, which bases its claim to fees upon the possession of special skill, and recognises no compact with monthlies.

Medicus (London) should get a brother practitioner to consent to act as deputy. The guardians may not object to a qualified assistant acting occasionally for their medical officers; but it is not their custom, for intelligible reasons, to accept an assistant as a deputy in case of prolonged absence.

Kangaroo Venison.—The address is 162, Upper Thames-street.

NEGLECT OF INFANTILE DIARRHŒA.

To the Editor of THE LANCET.

SIR,—I shall be glad to have your opinion upon the following facts:—A child, five weeks old, suffering from severe diarrhœa, was taken by its mother on Sunday, the 27th ult., to a prescribing druggist in Salford, who told her it was no use giving it any medicine, as it would do it no good, and that all she could do for it was to give it cream with a few drops of brandy; the child at the time being purged from twelve to twenty times in the twenty-four hours. Late on Wednesday evening following, fearing the child was dying, and chiefly, no doubt, to secure a certificate, they sent for me. When I arrived I found it gasping and completely exhausted, and evidently about to die. However, by the use of suitable medicines and food, and enemata of brandy-and-milk, life was prolonged for thirty-six hours, at the end of which time death, as was alone to be expected, took place. Knowing, as I do, how many children's lives are sacrificed in the same way, I refused to give the ordinary certificate, sending to the registrar, in place of it, a note containing a plain statement of the facts. The result was an investigation by the police, which gave considerable offence to the parents, and ended in the father calling upon me to complain. Did I do right? Would it have been better to give the certificate, and save myself the annoyance? And am I deceiving myself with the idea that I was only doing a duty I owed to the public and to humanity? Your opinion will be highly esteemed by,

Yours faithfully,

Lower Broughton, Manchester, Sept. 2nd, 1871. R. F.

*** We quite approve our correspondent's conduct. It is not the function of our profession to write death certificates, but to save life. And parents should be taught kindly, but firmly, that they must use every means to save the lives even of infants.—ED. L.

AFRICAN DIAMOND FIELDS.

A CORRESPONDENT is desirous of being furnished with information as to the medical and sanitary aspect of the African diamond fields.

F.R.C.S. writes under very irritating circumstances, and we think it scarcely advisable to publish his letter, as it contains some very sweeping suggestions which he might on reflection feel inclined to withdraw. The subject shall not, however, be allowed to drop out of sight, and our correspondent will probably be content with this assurance on our part.

Mr. Thos. Aspden (Preston) is thanked. The number last week, being the Students' Number, was wholly devoted to educational matters.

J. M.—Will our correspondent kindly name to us the topic to which reference is made.

THE NEWCASTLE COLLEGE OF MEDICINE.

To the Editor of THE LANCET.

SIR,—In the notice given of my lectures in your last impression, you say that they *will* be given during the latter half of the winter session. Would you kindly correct this mistake. I have given, and intend to continue to give my lectures *during the whole of the summer session* at this asylum, illustrated by cases and ophthalmoscopic demonstrations, and, at the request of the students, have consented to give occasional lectures during the winter session on the more commonly recognised forms of insanity.

Faithfully yours,

Dunston Lodge Asylum, Gateshead, Sept. 9th, 1871. T. O. WOOD.

Mr. Fredk. Rule, (Ashford.)—We are much indebted to our correspondent for his learned defence of his position; but we must not suffer ourselves to be seduced into a Shakspearian controversy, nor must we give space to a discussion more suited to the columns of a purely literary journal. We must be content to rest our case on something of older date than Elizabethan English—namely, the plain and very different meanings of *imperialis* and *imperiosus*. Shakspeare's "little Latin" would surely carry him as far as this.

A Student would be quite safe with Fownes's Chemistry. But why not take the opinion of the professor under whom our correspondent is studying?

MR. J. WICKHAM BARNES is sorry to inform the members of the Poor-law Medical Officers' Association that their President, Dr. Rogers, has been obliged to relinquish for a time all duties connected with the Association and his own practice, on account of having undergone an operation.

Gower-street, Bedford-square, Sept. 4th, 1871.

A CORRESPONDENT forwards a handbill about a "self-supporting dispensary" at Clerkenwell, of which handbill we need scarcely say we entirely disapprove.

Mr. C. J. Dodson.—We cannot possibly forward private answers. Take the opinion of some physician on the point.

Obstetricus.—Apply to the Commissioners in Lunacy.

EDUCATION AT SOUTH KENSINGTON.

The Key, a journal published in the International Exhibition, for the avowed purpose of providing some useful instruction for the masses, contains an advertisement of a medicine "*which, applied externally, instantly cures the dolourous, neuralgia, rheumatism, gout, and all nerve pains.*" We wonder if the authorities of the Exhibition are prepared to vouch for the truth of this statement. If they are not, we wonder if they feel any qualms of conscience at deriving a profit from the gullability of the masses they profess to educate.

Mr. J. C. Richardson, (Battersea.)—We are not acquainted with any facts in proof of the occurrence of the danger alluded to by our correspondent. At the same time we should carefully avoid using the same instrument where there was any evidence of the presence of a syphilitic taint in one of the series. Where no such evidence existed, it would still be right to dip the point of the lancet in water, and wipe it, so as to remove all stain of blood before replenishing it with lymph and operating on the arm of another.

Dr. Vernon's (Southport) remarks shall be borne in mind. Homer sometimes nods.

THE ROTUNDO LYING-IN HOSPITAL, DUBLIN.

To the Editor of THE LANCET.

SIR,—Will you publish the following for the information of any members of the profession who may contemplate becoming pupils of the Rotundo Lying-in Hospital of this city?

When I applied to the master of this hospital for admission as an interne pupil, he informed me that there was a vacancy which I could fill, and enclosed to me a synopsis of the hospital, from which I take the following extracts:—

"This hospital.....contains *one hundred and thirty* beds, *twenty-five* of which are appropriated to the diseases of females."

"Clinical instruction in midwifery and the diseases of women and infants is given daily."

"The interne pupils, of whom there is only a limited number, have each a separate bed-room, with the use of a sitting-room."

In the hospital there are only nine public wards devoted to lying-in patients; each ward contains six beds—in all fifty-four beds. There are only two public uterine wards; one contains six beds, the other ten. There are ten private wards (into which pupils are not allowed to enter), each of which contains two beds—in all twenty beds; making the total number of beds in the hospital, for both public and private patients, *ninety*, instead of one hundred and thirty, of which number sixteen beds, instead of twenty-four, are appropriated to diseases of women.

During my residence in the hospital (one month) no clinical instruction was given by the master or by the assistants. Pupils are allowed to accompany the master through the wards at the morning visit, but very rarely is any remark made upon any of the cases. Digital examination per vaginam, introduction of the speculum, pessaries, uterine sound, &c., are almost never permitted to a pupil. Four cases of labour is the average number (see below) to which each pupil is entitled. Should it be necessary in any of these cases to introduce the catheter, or to rupture the membranes, an assistant-physician or the head midwife operates; whilst at grave operations the pupils are never allowed to use the instruments, and the chief assistance is rendered by the midwife, to the exclusion of the pupil to whom the case may belong. No remarks are made either in regard to the nature of the case or the reason for the operation.

The synopsis states that "the number of interne pupils is limited, and each pupil has a separate bed-room." The number of bed-rooms in the hospital for the accommodation of pupils is seven, and the legitimate inference is that the number of interne pupils should be seven. When I entered, the number was nine, two bed-rooms then containing each two gentlemen. During the month the number was increased to fourteen, four gentlemen sleeping in the same room, and still there was no indication that the "limit" had been reached. The number of patients is small, and the addition of each pupil greatly lessens the advantages of all the pupils.

There are altogether attached to the hospital thirty pupils (interne and externe). Each pupil is "on duty" twice a week for twelve hours at a time, and is forbidden by the rules of the hospital to remain in the labour ward when *not* on duty, unless the master or one of the assistants be present. The average number of births in the hospital is one hundred per month, and perhaps twenty more in the city (which are given to the pupils to take charge of), thus giving to each pupil, if the cases were equally distributed (and they are not), four cases a month.

I enclose to you, Mr. Editor, a synopsis of the hospital, together with my card and address, and remain, Yours obediently,

Dublin, August 17th, 1871. MEDICUS.

IMPURE LITERATURE.

A CORRESPONDENT informs us that some people in Birmingham have been inundated with pamphlets similar to one he forwards us. There is nothing like system, so the authors of these beautiful publications apparently sent their productions in three lots, exceeding over ten days—the first in green covers, the second in yellow, and the last in pink. Our correspondent asks whether anything can be done to put a stop to the nuisance? We are ashamed to have to confess that we fear not; but, as the address is on the pamphlet, he might try the police authorities.

Mr. George Rice (Bideford) will gather all the needed information from the Students' Number of THE LANCET.

THE PRELIMINARY EXAMINATION AT THE COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—Your correspondents seem to think that a large number of rejections are due to the want of preparation of the candidates. A few may go up in the hope of scrambling through; but when young men have to come from great distances, I cannot think they would go up unless they thought themselves prepared. I also think it very unfair that because one has done well on all subjects but one, he should be rejected, as it certainly throws one back for a considerable time. Why should there not be four examinations a year, the same as they have at the Apothecaries' Hall? In answer to his question, the College lets the candidate know precisely on what subjects he has failed.—I remain, Sir, yours, &c.,

A CANDIDATE WHO WAS REJECTED ON ONE

September, 1871. SUBJECT.

DURHAM COLLEGE OF MEDICINE.

DR. G. H. PHILIPSON will deliver the introductory address at this school, and not the Rev. Canon Whitley, as stated in our last.

A CORRESPONDENT, in answer to the inquiry of "M.D. and Surgeon," as to the name of an eligible place abroad for commencing practice, states that "in Naples there is a fair chance for a good English practitioner. No extra permit required, and no examination. The best way to go is direct from Marseilles by steamboat. The season at Naples is during the winter. There are some residents amongst the English—two medical men there already, who work amongst our country people; but with patience a practice might be obtained. In summer go to Sorrento."

Mr. E. M. Shirtliff.—We do not see that our correspondent was to blame. It is no part of a medical man's duty to communicate with the coroner, though it would be right to indicate in his certificate, for the guidance of the registrar, the nature of the accident causing death.

Lex is more likely to get relief by consulting individual medical men than by the course he suggests. No mere statement of his case by himself would enable our readers to judge of it.

A Subscriber.—We are unable to afford the information.

TAPPING IN GASEOUS INTESTINAL DISTENSION.

To the Editor of THE LANCET.

SIR,—In your issue of the 2nd instant, I see amongst your "Medical News" a highly favourable notice of "Tapping in Gaseous Intestinal Distension," as practised by Dr. Fonssagrives, of Toulouse. Will you allow me to add that there appears to this time good reason to believe that the treatment of severe and intractable tympanites by intestinal puncture did not originate, as it would appear the operation did, with Dr. Fonssagrives. I believe the first notice of the doctor's exceptional, yet successful, treatment of "gaseous intestinal distension," or tympanites, appeared in a medical journal on April 7th, 1869; but it was six months before this—viz., on October 6th, 1868, that I met Mr. Salmon, of Thornbury, in consultation at Whitfield, Gloucestershire, on the case of a young girl suffering from tympanites of the most aggravated kind. The symptoms were so severe and of so dangerous a character that I felt no kind of hesitation in advising the immediate and free puncture of the abdomen. Mr. Salmon accepted my advice, and operated. The effects of the tapping this gentleman records, in a note in my possession, in these words: "The operation gave great relief, and tended much to mitigate her suffering, previously to which the difficulty of breathing had been most distressing." It is with regret I add that death was simply delayed by what we did. Our patient succumbed on the twelfth day from the tapping. Yours faithfully,

JAMES G. DAVEY, M.D., &c.

Northwoods, near Bristol, Sept. 6th, 1871.

DREAMS.

Dr. Stanley Haynes (Malvern Link) writes as follows:—"'A Dream Martyr,' besides the treatment recommended in p. 347 of THE LANCET of Sept. 2nd, might use a pillow stuffed with fresh hops, and prevent himself from lying on his back during sleep by tying a towel round his waist so that a large knot shall project beyond the spine. The bedding should be light. The head should be protected from solar heat."

Mr. A. E. Lloyd.—The National Hospital for the Paralysed and Epileptic, 23 and 24, Queen-square, contains 64 beds. For other information, application should be made to the Secretary.

Dr. Clouston.—1. In some boroughs there are public analysts, but not in all. We do not know of any analyst who would examine and report on samples of drinking-water free of charge or at a reduced rate.—2. Apply to Mr. Wanklyn, 1, Great Winchester-street-buildings, E.C.—3. We will endeavour to ascertain whether anything is known about the American remedy mentioned.

PUERPERAL CONVULSIONS.

To the Editor of THE LANCET.

SIR,—In your impression of the 2nd instant, Dr. E. Holland relates the history of two cases of "Puerperal Convulsions," in which he states there was some novelty in the treatment adopted—namely, "manual dilatation of the os uteri and instrumental delivery," and he makes some apology for this deviation from the groove of *ex cathedrâ* practice. Perhaps the latter is unnecessary, as there is no novelty whatever in the practice Dr. Holland adopted. Ten years ago my old master, Dr. Fowler, of Edinburgh, dilated the os uteri manually in a case of puerperal convulsions, and turned and delivered a living child, with the result of a living mother; and at the meeting of the British Medical Association at Leeds in 1869, before the date of the occurrence of Dr. Holland's cases, I read a paper on "Puerperal Convulsions, Manual Dilatation of the Os Uteri, and Speedy Delivery," in which I related six cases, with the results of four living children and six living mothers. Sir James Simpson was the only one at that meeting who backed up that practice, both the schools of London and Dublin being dead against it.

Let me mention, in conclusion, that neither perforation, bleeding, nor blistering was followed or recommended in my paper, as I trusted fully to chloroform, manual dilatation, and speedy delivery, and neither then nor since have I experienced any difficulty in, or found any reason to change, my practice. Yours, &c.,

JOHN WALLACE, M.D. Edin.,

Assistant Obstetric Physician, Liverpool Lying-in Hospital

Liverpool, Sept. 5th, 1871. and Ladies' Charity.

Medicus, (Brighton.)—We do not know of the existence of exactly such an institution as that inquired for. We should recommend a statement of particulars to be made to the Secretary of the Cancer Hospital, Brompton.

A. H.—We must refer our correspondent to German sources for such information as he seeks.

Mr. T. J. Woodhouse, (Fulham.)—Thanks; but we have no space for the quotation from Spencer.

H. O., (Southampton.)—We concur in the opinion expressed by our correspondent, and not in that of his friend. A larger amount of cubic space would probably be necessary in the case of small-pox.

MEDICAL OFFICERS AND THE CONTROL DEPARTMENT.

A RECENT arrangement, which seems not a little invidious to the senior officers of the medical service, will scarcely have escaped the attention of those who con the Army List. For the first time officers in charge of the Control department are included amongst the staff of the different military districts, but the names of the principal medical officers do not appear. Surely their duties are not inferior to those of the late Commissariat, &c.?

MEDICAL ETIQUETTE.

To the Editor of THE LANCET.

SIR,—May I trouble you to insert in your valuable journal the following correspondence which has taken place between Mr. Saville, of Rotherham, and myself in reference to a case of mine which he was called in to on the 29th of July. The following is a short account of the case.

The child, three years old, had been suffering some few weeks from pertussis, when it was attacked with muco-enteritis. I prescribed warm baths, castor oil to evacuate irritant matter, and then ipecacuanha *per se*, at the same time ordering linseed-meal poultices to the abdomen, proscribing all solid food, but allowing the child as much milk as she could drink (of which she took two pints a day), arrowroot, beef-tea, &c., and, as symptoms required, a little port wine. On the 28th July I gave a very doubtful opinion of the child, when the father went to Mr. Saville, with what result our correspondence will show. I merely state, further, that I have never been requested to meet Mr. Saville in the case, and that the very first intimation I had of the parents wishing for further advice was the enclosed note from J. W. S——. The only plea I have to make for thus taking up your valuable space is that I feel it right for the profession at large to know how older practitioners will sometimes try to trample on their younger brethren.

I am, Sir, yours faithfully,

Rotherham, August 8th, 1871. W. J. SMITH, L.S.A. Lond.

Mr. Smith. [COPY.]

SIR,—I have had this morning Mr. Saville, from Rotherham, to see my child. I learn from him you have wasted my child down to consumption by keeping her from food. I think it a great shame you should keep the child under your hands when you knew quite well you could do her no good. The child is now dying from want. J. W. S——.

We shall need your services no longer.

[COPY.]

W. Saville, Esq. Park-gate, Rotherham, July 29th, 1871.

SIR,—I received a note from J. W. S—— this day, of which the following is a copy (*vide* above).

I have been down to see them about it, and they inform me that all they put into the note was dictated by you. The man also makes a statement that you told him that this is not the first, second, or third case of the kind you have been called in to of mine recently. Now you must be aware that these statements are utterly false; and unless you entirely refute them or apologise for having made them forthwith, I shall insert this letter, with an account of the case, and the treatment I have pursued, in THE LANCET.

I am, yours, &c.,

WM. JNO. SMITH.

To W. J. Smith, Esq. [COPY.]

Rotherham, August 1st, 1871.

DEAR SIR,—As I make it a rule in my practice never to say anything about another person's treatment, but simply state my own, whatever construction the patients or their friends may make of it, I do not hold myself responsible. I am sure of this that I never dictated a letter to anyone in my life about another person's treatment of a case. How should I know what your treatment had been? I only saw the child on Saturday morning, and have not seen it since. I should have answered your letter sooner, but only received it to-day, having come from Burlington.

Yours truly,

To W. J. Smith, Esq. WILM. SAVILLE.

[COPY.]

Park-gate, 3rd August, 1871.

DEAR SIR,—I do not consider your note of the 1st instant in any way a reply to mine of the 29th ultimo, but merely an attempt at evading the subject. Had there been nothing said, such a construction could not have been put upon it; and as there are exceptions to every rule, I shall consider this an exception to yours unless you entirely contradict what has been stated by J. W. S——. Awaiting your further reply,

I remain yours truly,

To W. Saville, Esq. WM. J. SMITH.

[COPY.]

Rotherham, August 4th, 1871.

SIR,—As I consider that the difference which has taken place between you and Mr. J. W. S—— has been brought on by you refusing to meet me in the case when requested to do so, I beg to decline any further correspondence in the matter.

Yours truly,

To W. J. Smith, Esq. WILM. SAVILLE.

SPINA BIFIDA.

To the Editor of THE LANCET.

SIR,—In answer to Mr. Coates, there is but one plan of treatment, as far as can be gathered from statistics, that can be followed with any chance of success, and that only when the tumour is small and the child healthy. It has been adopted by Sir Astley Cooper, Mr. Erichsen, and most other eminent practitioners—viz., pressure by an air-pad, kept in position by means of a strong india-rubber band, and occasional punctures with a small trocar, care being taken to prevent the ulceration of the punctures by covering them with collodion. No surgeon would think of injecting the tumour, as it would inevitably be followed by the death of the patient from spinal meningitis and convulsions. The improvement of the general health would, of course, be of great importance during the above treatment. I may add that in a case brought under my notice I found great benefit from antispasmodic and sedative medicines, as rectified ether, morphia, &c.

I am, Sir, yours, &c.,

Golborne-road, W., Sept. 4th, 1871. WM. AKERMAN.

ERRATUM.—Under the head of "Changes in the Medical Schools," in the Students' Number of THE LANCET, the name of Dr. V. Poore was inserted in error for that of Dr. Douglas Powell as assistant-physician to the Charing-cross Hospital, and the name of Mr. Fairlie Clarke should have appeared as assistant-surgeon.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Thompson; Mr. Shirtliff, Kingston-on-Thames; Dr. Maffey, Wakefield; Dr. Wood; Dr. Cooke; Mr. Wheeler; Mr. Gilruth, Edinburgh; Dr. Haynes, Malvern; Mr. Palmer, King's Lynn; Mr. Woodhouse; Mr. R. Holmes; Mr. Brady, Watford; Mr. Powell, Alresford; Mr. Parker; Mr. Wharton, Congleton; Mr. Turner; Mr. Todd, Chesham; Mr. Greenfield; Mr. Fox; Dr. Grant, Kinsale; Mr. Winward; Mr. Hughes; Mr. Bushell, Dover; Mr. Johnson, Seaton; Mr. Haynes, Bradford; Mr. Green, Uppingham; Mr. J. Marland; Mr. Hewitt, Rugby; Dr. Cocks, Ross; Mr. Norgate, Stamford; Mr. Hull; Dr. Trend; Mr. Robinson, Blackburn; Mr. Jones, Hallaton; Mr. Thorley, Wellingborough; Mr. Owen; Mr. Cottle; Dr. Gill; Mr. Smith, Hay; Mr. Annandale; Mr. Brown; Mr. J. Weekes; Mr. J. Griffin; Dr. Campbell, Volhynia; Dr. Mitchell, Dinapore; Mr. Hull, Hobart Town; Mr. Edwards, Canterbury; Dr. Brockelsby, Osbournby; Mr. A. F. Bagnall; Mr. Goward; Mr. Power; Dr. Steven, Glasgow; Mr. Archer; Mr. Blake; Mr. Wilton; Mr. Tillet, Ramsey; Mr. Bagster; Mr. Countze; Mr. Chester; Mr. Earle, Armley; Dr. Rhodes, Manchester; Mr. Burton, Spalding; Mr. Holding; Mr. Walford, Settle; Mr. Phillips; Mr. Bartley; Dr. Meeres, Melksham; Dr. Jay, Scalby; Mr. Oakman, Battersea; Mr. R. De'Ath, Buckingham; Mr. Richards; Dr. Nestell, Arizona; Mr. J. Smith; Dr. Provis, Bristol; Dr. Collie; Mr. Waters; Mr. Vesey; Mr. Curtis, Weymouth; Dr. Palk, Southampton; Mr. Sheppard, Caterham; Dr. Corke; Dr. Brown, Penrith; Dr. Watkinson, Monmouth; Mr. Clarke, Whitechurch; Dr. Richardson, Battersea; Mr. Weaver; Dr. Farran; Mr. St. John Young; Mr. Rogers, Brighton; Dr. Abrath; Dr. Lowenberg, Paris; Mr. Hayman; Dr. Parkes; Mr. Eddowes; Dr. Hardie, Manchester; Dr. Wright, Finchley; Mr. White; Dr. Robson, Uxbridge; Dr. Philipson, Newcastle-on-Tyne; Dr. Tayler, Auerley; A Graduate in Medicine; A Subscriber; Medicus; Masonicus; M.D.; A High Wrangler; Enquirer; Delta; Ignoramus; A Student; H. O.; The Editors of the Medical Directory; Physician; F. E. D.; &c. &c.

Newcastle Daily Journal, Standard, Folkestone Express, High Peak News, Hampshire Independent, Kilmarnock Standard, Drawing-Room Gazette, Bromsgrove Messenger, O Correio Medico, Malta Observer, Sunderland Sentinel, Shield, Australian Medical Gazette, Melbourne Leader, Indian Medical Gazette, Jamaica Semi-Weekly Gleaner, and *Australian Medical Journal* have been received.

Medical Diary of the Week.

Monday, Sept. 18.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, Sept. 19.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.

Wednesday, Sept. 20.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

Thursday, Sept. 21.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.

Friday, Sept. 22.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
QUEKETT MICROSCOPICAL CLUB.—8 P.M. Mr. J. G. Waller, "On the so-called Boring or Burrowing Sponge."

Saturday, Sept. 23.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.